For office use only	
Batch number:	Received:
Representor ID #	Ack:
Representation #	



# STURMINSTER NEWTON NEIGHBOURHOOD PLAN 2016-2031 Regulation 16 Consultation 6 April to 25 May 2018

## Response Form

The proposed Sturminster Newton Neighbourhood Plan 2016-2031 has been submitted to North Dorset District Council for examination. The neighbourhood plan and all supporting documentation can be viewed on the District Council's website via:

https://www.dorsetforyou.com/article/422589/North-Dorset-Neighbourhood-Plans---Submitted-Plans

#### Please return completed forms to:

Email: planningpolicy@north-dorset.gov.uk

Post: Planning Policy (North Dorset), South Walks House, South Walks Road, Dorchester, Dorset, DT1

1UZ

Deadline: 4pm on Friday 25 May 2018. Representations received after this date will not be accepted.

### Part A – Personal Details

This part of the form must be completed by all people making representations as **anonymous comments cannot be accepted.** By submitting this response form you consent to your information being disclosed to third parties for this purpose, personal details will not be visible on our website, although they will be shown on paper copies that will be sent to the independent examiner and available for inspection. Your information will be retained by the Council in line with its retention schedule. Your data will be destroyed when the plan becomes redundant.

\*If an agent is appointed, please complete only the Title, Name and Organisation boxes to the personal details but complete the full contact details of the agent. All correspondence will be sent to the agent.

	Personal Details (if applicable)*	Agent's Details (if applicable)*
Title		Miss
First Name		Lynne
Last Name		Evans
Job Title		Consultant
(where relevant)		
Organisation	Hall & Woodhouse Ltd	Southern Planning Practice
(where relevant)		
Address	c/o Agent	
Postcode		
Tel. No.		
Email Address		

## Part B – Representation

**1.** To which document does the comment relate? Please tick one box only.

Х	Submis	ssion Plan	
	Consul	tation Statement	
	Basic Conditions Statement		
	Other	Please specify:	

**2.** To which part of the document does the comment relate? Please identify the text that you are commenting on, where appropriate.

		Location of Text
Whole document		
Section		
Policy	Policy 3	
Page		
Appendix		

**3.** Do you wish to? Please tick one box only.

Х	Support
	Object
	Make an observation

4. Please use the box below to give reasons for your support/objection or make your observation.

Please see supporting report ar	nd documentation	

	Continue overleaf if necessary
5. Please give details of any suggested modifications in the	e box below.
	Continue overleaf if necessary
6. Do you wish to be notified of the District Council's decision neighbourhood plan? Please tick one box only.	sion to make or refuse to make the
x Ye	s
No.	
Signature: L J Evans (Southern Planning Practice)	Date: <u>25 05 18</u>
If submitting the form electronically, no signature is required.	

Please use this box to continue your responses to Questions 4 & 5 if necessary			