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



BOURTON NEIGHBOURHOOD PLAN Regulation 16 Consultation 24th February to 7th April 2017 Response Form

The proposed Bourton Neighbourhood Plan 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 at: 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 District Council, Nordon, Salisbury Road, Blandford Forum, Dorset

DT117LL

Deadline: Friday 7th April 2017. 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.

*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 | | Ms |
| First Name | | Lynne |
| Last Name | | Evans |
| Job Title (where relevant) | | Consultant |
| Organisation (where relevant) | Hall & Woodhouse Ltd | Southern Planning Practice |
| Address | c/o Southern Planning Practice | |
| Postcode | | |
| Tel. No. | | |
| Email Address | | |

Part B - Representation

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

| | Neighbourhood Plan Submission Draft | | |
|---|-----------------------------------------------------------------------------------------|--|--|
| | Neighbourhood Area Map (included within the neighbourhood plan document) | | |
| | Consultation Summary | | |
| | Basic Conditions Statement | | |
| | Strategic Environmental Assessment and Habitats Regulations Assessment Screening Report | | |
| | Strategic Environmental Assessment Scoping Report | | |
| Χ | Strategic Environmental Assessment | | |
| | 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 | |
| Page | |
| Appendix | |

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

| | Support |
|---|-------------------------|
| | Support with conditions |
| х | Object |
| | Make an observation |
| | Other |

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

Please see supporting statement

| Please see Supporting Planning Statement (Objections to Bourton Neighbourhood Plan Regulation 16 Consultation) which sets out the detailed case for the objection. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| |
| |
| |
| Continue quarleaf if necessary |

| 5. Please give details of any su | ggested modifications in the bo | ox below. |
|------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------|
| Please see Supporting Planning Statemer detailed case for the objection together w | | I Plan Regulation 16 Consultation) which sets out the |
| | | |
| | | |
| | | |
| | | |
| | | Continue overleaf if necessa |
| 6. Do you wish to be notified oneighbourhood plan? Please | | n to make or refuse to make the |
| | x Yes No | |
| | | |
| Signature: | | Date: <u>7 April 2017</u> |
| If submitting the form electronical | y, no signature is required. | |
| | | |

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