



# WEYMOUTH NEIGHBOURHOOD PLAN

Regulation 16 Consultation

Friday 24 January 2025 until Thursday 10 April 2025

## Response Form

The proposed Weymouth Neighbourhood Plan has been submitted to Dorset Council for examination. The neighbourhood plan and supporting documentation can be viewed on Dorset Council's website: <https://www.dorsetcouncil.gov.uk/w/weymouth-neighbourhood-plan>

### Please return completed forms to:

Email: [NeighbourhoodPlanning@dorsetcouncil.gov.uk](mailto:NeighbourhoodPlanning@dorsetcouncil.gov.uk)

Post: Spatial Planning, Dorset Council, County Hall, Colliton Park,  
Dorchester, DT1 1XJ

**Deadline: End of Thursday 10 April 2025.** Representations received after this date will not be accepted.

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### 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 and privacy policy ([www.dorsetcouncil.gov.uk/privacypolicy](http://www.dorsetcouncil.gov.uk/privacypolicy)). Your data will be destroyed when the plan becomes redundant.

	Personal Details *	Agent's Details *
Title	Mr	
First Name	John	
Last Name	Morgan	
Job Title(if relevant)		

Organisation (if relevant)		
Address	<p>██████████</p> <p>██████</p> <p>██████████</p>	
Postcode	██████████	
Tel. No.	██████████	
Email Address	████████████████████	

*\*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.*

## Part B – Representation

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

<input checked="" type="checkbox"/>	Submission Plan
<input type="checkbox"/>	Consultation Statement
<input type="checkbox"/>	Basic Conditions Statement
<input type="checkbox"/>	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.*

	<i>Location of Text</i>
Whole document	
Section	8
Policy	W10: Local Green Space
Page	61 - Map 12: Designated Local Green Spaces
Appendix	

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

	Support
	Object
X	Make an observation

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

I am in support of the Neighbourhood Plan however the following observation needs to be taken into account.

**Greenhill Gardens to be added to the list of designated local green spaces.**

Surprisingly the picturesque award winning Greenhill Gardens are not included as a designated local green space. This area is a most valuable historical asset for many locals and visitors (including wildlife) to Weymouth. It is enjoyed throughout the year by many and for multiple reasons including rest, relaxation and entertainment (music, golf, tennis, bowling). A cafe and toilet facilities are also available adding to the value of the area. Greenhill Gardens has been recognised as one of the best green spaces in the country by being awarded Green Flag status based on how safe, clean, accessible, well managed and welcoming they are. A great area providing all the known health benefits of open green spaces. It is imperative to me that Greenhill Gardens are added to the list of designated local green spaces.

*Continue on a separate sheet if necessary*

**5. Please give details of any suggested modifications in the box below.**

Greenhill Gardens to be added to the list of designated local green spaces....please!

*Continue on a separate sheet if necessary*

**6. Do you wish to be notified of Dorset Council's decision to make or refuse to make the neighbourhood plan? Please tick one box only.**

X	Yes
	No

Signature: \_\_\_\_\_ Date: 5<sup>th</sup> March 2025  
*If submitting the form electronically, no signature is required.*