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Batch number: _____ Received: _____
RepresentorID # _____ Ack: _____
Representation# _____



NorthDorsetLocalPlan – Part1

Main Modifications Consultation

24 July to 18 September 2015

Townand Country Planning (Local Planning) (England)Regulations 2012

ResponseForm

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Email: planningpolicy@north-dorset.gov.uk

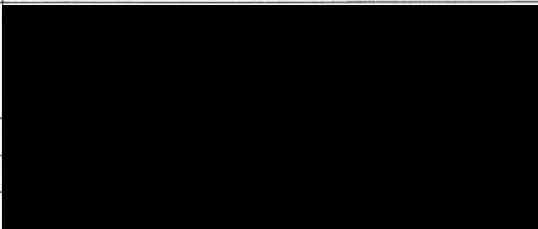
Post: PlanningPolicy,North DorsetDistrict Council,Nordon,SalisburyRoad, BlandfordForum,Dorset DT117LL

Deadline: Midnight on18 September 2015.Representationsreceived afterthistimemaynotbe accepted.

PartA–Personaldetails

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PersonalDetails(ifapplicable)*		Agent'sDetails(ifapplicable)*
Title	Cllr	
FirstName	Barry	
LastName	Von Clemens	
Job Title(<i>where relevant</i>)	Planning Committee Chairman	
Organisation (<i>where relevant</i>)	Gillingham Town Council	
Address		
Postcode		
Tel. No.		
EmailAddress		

Part B – Representation

Please tick if you wish to be updated on the progress of this document

1. Which proposed Main Modification are you commenting on? (please insert the MM reference number from column 1 in the consultation document):

Please use a separate form for each proposed modification you are commenting on.

MM10

2. Do you support this Main Modification? (i.e. do you think it is sound and/or legally compliant)

Yes

3. If no, in summary, why do you not support the proposed modification?

- It has not been positively prepared
- It is not justified
- It is not effective
- It is not consistent with national policy
- It does not comply with the law

4. What would you like to happen?

- Delete the proposed modification
- Amend the proposed modification – you should suggest amended wording below
- Add a new policy or paragraph - you should suggest new wording below

(Please give further details or suggested wording in box for Question 6)

5. If there is an additional Examination Hearing session, would you like to verbally express your views to the Inspector?

No

6. Your Comments.

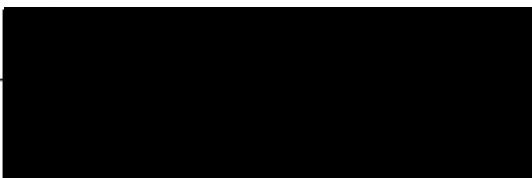
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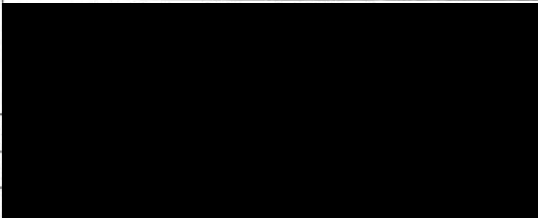
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PartB- Representation

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1. Which proposed Main Modification are you commenting on? (please insert the MM reference number from column 1 in the consultation document):

Please use a separate form for each proposed modification you are commenting on.

MM11

2. Do you support this Main Modification? (i.e. do you think it is sound and/or legally compliant)

Yes

3. If no, in summary, why do you not support the proposed modification?

- It has not been positively prepared
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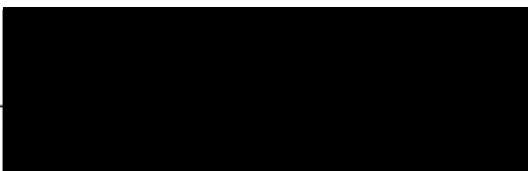
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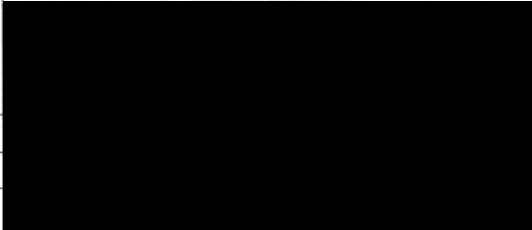
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MM12

2. Do you support this Main Modification? (i.e. do you think it is sound and/or legally compliant)

Yes

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No

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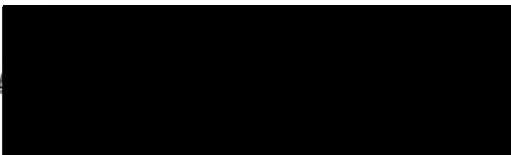
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Organisation (where relevant)	Gillingham Town Council	
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Part B – Representation

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Please use a separate form for each proposed modification you are commenting on.

MM13

2. Do you support this Main Modification? (i.e. do you think it is sound and/or legally compliant)

Yes

3. If no, in summary, why do you not support the proposed modification?

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No

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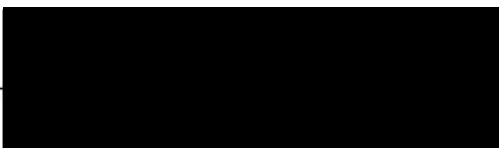
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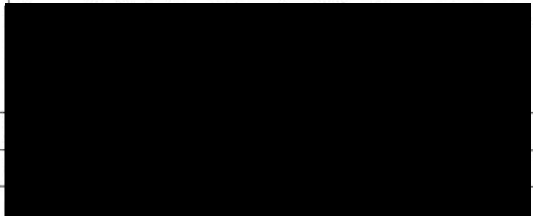
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Organisation(whererelevant)	Gillingham Town Council	
Address		
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Tel. No.		
EmailAddress		

PartB– Representation

Please tick if you wish to be updated on the progress of this document

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Please use a separate form for each proposed modification you are commenting on.

MM14

2. Do you support this Main Modification? (i.e. do you think it is sound and/or legally compliant)

Yes

3. If no, in summary, why do you not support the proposed modification?

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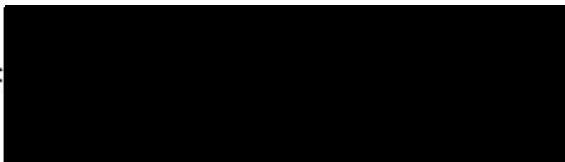
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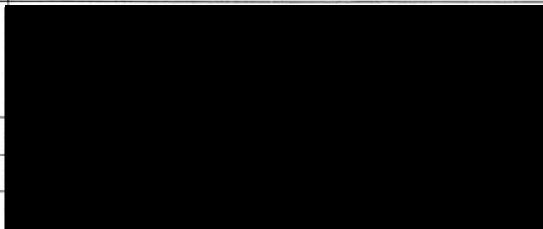
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PartB- Representation

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1. Which proposed Main Modification are you commenting on? (please insert the MM reference number from column 1 in the consultation document):

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MM15

2. Do you support this Main Modification? (i.e. do you think it is sound and/or legally compliant)

Yes

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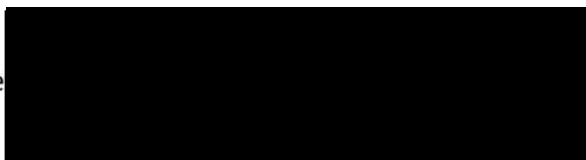
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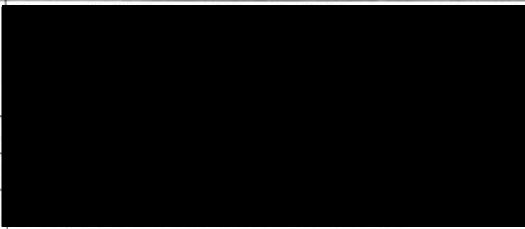
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MM16

2. Do you support this Main Modification? (i.e. do you think it is sound and/or legally compliant)

Yes

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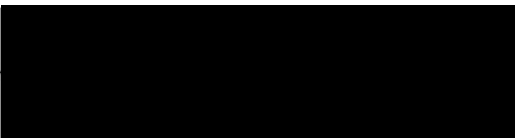
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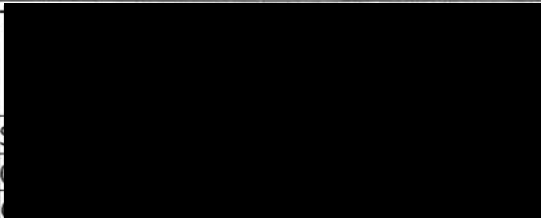
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*If an agent is appointed, please complete only the Title, Name and Organisation boxes to the personal details but complete the full contact details of the agent. All correspondence will be sent to the agent.

Personal Details (if applicable)*		Agent's Details (if applicable)*
Title	Cllr	
First Name	Barry	
Last Name	Von Clemens	
Job Title (where relevant)	Planning Committee Chairman	
Organisation (where relevant)	Gillingham Town Council	
Address		
Postcode		
Tel. No.		
Email Address		

PartB– Representation

Please tick if you wish to be updated on the progress of this document

1. Which proposed Main Modification are you commenting on? (please insert the MM reference number from column 1 in the consultation document):

Please use a separate form for each proposed modification you are commenting on.

MM17

2. Do you support this Main Modification? (i.e. do you think it is sound and/or legally compliant)

Yes

3. If no, in summary, why do you not support the proposed modification?

- It has not been positively prepared
- It is not justified
- It is not effective
- It is not consistent with national policy
- It does not comply with the law

4. What would you like to happen?

- Delete the proposed modification
- Amend the proposed modification – you should suggest amended wording below
- Add a new policy or paragraph - you should suggest new wording below

(Please give further details or suggested wording in box for Question 6)

5. If there is an additional Examination Hearing session, would you like to verbally express your views to the Inspector?

No

6. Your Comments.

Please provide more details as to

- Why you do/do not feel that the proposed modification meets the soundness criteria set out in Question 3.
- What changes to the proposed modification wording/new wording you are suggesting.
- What additional policies or wording you are suggesting.

To assist the Inspector please try to be as concise as possible. For longer responses a brief summary would also be helpful for the Inspector.

Continue on a separate sheet if necessary

Signature: _____



Date: 13 Aug 2015

For office use only	
Batch number: _____	Received: _____
RepresentorID # _____	Ack: _____
Representation# _____	

North Dorset Local Plan – Part 1

Main Modifications Consultation

24 July to 18 September 2015

Town and Country Planning (Local Planning) (England) Regulations 2012

Response Form

For each representation you wish to make a separate response form will need to be completed.

This is a formal consultation on the legal compliance and soundness of the Local Plan as amended by main modifications. The Inspector produced a note on his preliminary findings into the North Dorset Local Plan Part 1 and this was published on 9 June 2015. The Inspector and the Council wish to be informed about any representations on the proposed main modifications to the Local Plan. Details of the Main Modification documents are available on the Council's web page below:

www.dorsetforyou.com/northdorsetlocalplanmainmod

Please return completed forms to:

Email: planningpolicy@north-dorset.gov.uk

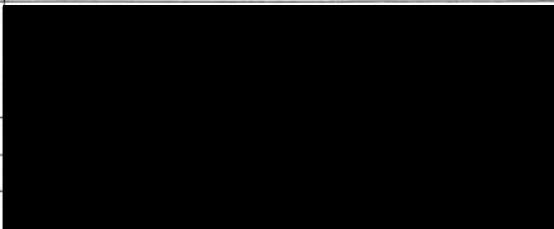
Post: Planning Policy, North Dorset District Council, Nordon, Salisbury Road, Blandford Forum, Dorset DT117LL

Deadline: Midnight on 18 September 2015. Representations received after this time may not be accepted.

Part A – Personal details

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Personal Details (if applicable)*		Agent's Details (if applicable)*
Title	Cllr	
First Name	Barry	
Last Name	Von Clemens	
Job Title (where relevant)	Planning Committee Chairman	
Organisation (where relevant)	Gillingham Town Council	
Address		
Postcode		
Tel. No.		
Email Address		

PartB– Representation

Please tick if you wish to be updated on the progress of this document

1. Which proposed Main Modification are you commenting on? (please insert the MM reference number from column 1 in the consultation document):

Please use a separate form for each proposed modification you are commenting on.

MM18

2. Do you support this Main Modification? (i.e. do you think it is sound and/or legally compliant)

Yes

3. If no, in summary, why do you not support the proposed modification?

- It has not been positively prepared
- It is not justified
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- It does not comply with the law

4. What would you like to happen?

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- Add a new policy or paragraph - you should suggest new wording below

(Please give further details or suggested wording in box for Question 6)

5. If there is an additional Examination Hearing session, would you like to verbally express your views to the Inspector?

No

6. Your Comments.

Please provide more details as to

- Why you do/do not feel that the proposed modification meets the soundness criteria set out in Question 3.
- What changes to the proposed modification wording/new wording you are suggesting.
- What additional policies or wording you are suggesting.

To assist the Inspector please try to be as concise as possible. For longer responses a brief summary would also be helpful for the Inspector.

Continue on a separate sheet if necessary

Signature



Date: 13 Aug 2015