

Representation Form

This is the representation form for the Nottinghamshire Minerals Local Plan - Publication Version published by Nottinghamshire County Council. The Publication Version and the supporting information can be found online at www.nottinghamshire.gov.uk/minerals. You can submit your representations online via our interactive system by using this link.

The formal representation period is open from Friday 30th August 2019 to 4.30pm Friday 11 October. All representations must be received during this period.

If you wish to submit a representation to the Plan using this form, please complete all parts and then send it to us via email or post, using the addresses below. Please note:

- **All respondents need to provide their personal details.** It is not possible for representations to be anonymous. All responses will be made public.
- **Representations must be on the basis of the ‘soundness’ of the plan or its legal and Duty to Co-operate compliance.** Please read the guidance note on this for further information.
- **Part B of the form contains your representations.** Please fill in a separate Part B for each representation you wish you make. You only need to fill in Part A once.
- **If you are part of a group that share a common view,** it would be helpful for that group to send a single representation rather than multiple copies stating the same point. Please indicate how many people are represented and how it has been authorised (e.g. by means of a list with contact details for each person or by a committee vote). This holds the same weight as separately submitted representations.

If you have any queries please contact us as below or ring us on 0300 500 80 80.

Please return completed forms to:

✉ Planning Policy Team
County Hall, West Bridgford,
Nottingham, NG2 7QP

✉ planning.policy@nottscc.gov.uk

We must receive your representations before 4.30pm, Friday 11th October 2019.

Representations received after this cannot be accepted.

All of the representations received will be submitted with the Plan and will be examined by a planning inspector who will consider whether the Plan is ‘sound’ and complies with the legal requirements.

Nottinghamshire County Council’s Planning Policy Service is committed to protecting your privacy and ensuring all personal information is kept confidential and safe. View our privacy notice at www.nottinghamshire.gov.uk/privacy

Part A – Personal details

Office use only

Person No:

Rep Nos:

	1. Personal details	2. Agent details (where applicable)
Title		
First name		
Last name		
Address line 1		
Address line 2		
Address line 3		
Postcode		
Email		
<i>For those replying on behalf of an organisation or group:</i>		
Organisation		
Job title		

Part B – Your representation

Office use only

Person No:

Rep No:

Please read the guidance note before completing this section.

Name or organisation: _____

3. To which part of the Local Plan does this representation relate?

Policy		Site code		Map/Plan		Paragraph		Other	
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4. Do you consider the identified part of the Local Plan to be:

Legally compliant?	Yes		No	
Sound?	Yes		No	
Complies with the Duty to co-operate	Yes		No	

Please tick as appropriate.

5. Please give details of why you consider the identified part of the Local Plan is not legally compliant or is unsound, or fails to comply with the duty to co-operate. Please be as precise as possible.

If you wish to support the legal compliance or soundness of the Local Plan or its compliance with the duty to co-operate, please also use this box to set out your comments.

(Continue on a separate sheet/expand box if necessary)

6. Please set out what change(s) you consider necessary to make the identified part of the Local Plan legally compliant or sound, in respect of any legal compliance or soundness matters you have identified above. (please note that non-compliance with the duty to cooperate is incapable of modification at examination). You will need to say why each modification will make the Local Plan legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text. Please be as precise as possible.

(Continue on a separate sheet/expand box if necessary)

Please note: In your representation you should provide succinctly all the evidence and supporting information necessary to support your representation and your suggested modification(s). You should not assume that you will have a further opportunity to make submissions.

After this stage, further submissions may only be made if invited by the Inspector, based on the matters and issues he or she identifies for examination.

7. If your representation is seeking modification to the plan, do you consider it necessary to participate in the examination hearing session(s)?

No , I do not wish to participate in the hearing session(s)	
Yes , I wish to participate in the hearing session(s)	

Please note that while this will provide an initial indication of your wish to participate in the hearing session(s), you may be asked at a later point to confirm your request to participate.

8. If you wish to participate in the hearing session(s), please outline why you consider this to be necessary:

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Please note the Inspector will determine the most appropriate procedure to adopt to hear those who have indicated that they wish to participate in hearing session(s). You may be asked to confirm your wish to participate when the Inspector has identified the matters and issues for examination.

Signature		Date	
Name			