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|  **Selby District Local Plan****Pre-Submission****Reg 19 - Publication Representation Form** | **For Office Use Only****Date received****Ref. No.** |



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| **Please return the completed form by 5.00pm on 28 October 2022 to:** |
| Planning Policy TeamSelby District CouncilCivic CentreDoncaster RoadSELBY YO8 9FT | **Or complete an online form available at:**[**https://selby-consult.objective.co.uk/kse**](https://selby-consult.objective.co.uk/kse) |
| **Please read the accompanying Guidance Notes before completing this form** |
| **This form has two parts:** | **Part A**: Personal Contact Details (page 1) |
| **Part B**: Your representation (pages 2-4) Please complete a separate Part B for each representation you wish to make. |

**PART A**

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|  | **1. Personal Details\***\*If an agent is appointed, please complete only the Title, Name and Organisation boxes below but complete the full contact details of the agent in 2. |  | **2. Agent’s Details**(if applicable) |
| **Title** |  |  |  |
| **First Name** |  |  |  |
| **Last Name** |  |  |  |
| **Job Title** (if relevant) |  |  |  |
| **Organisation** (if relevant) |  |  |  |
| **Address – Line 1** |  |  |  |
| **Address – Line 2** |  |  |  |
| **Address – Line 3** |  |  |  |
| **Address – Line 4** |  |  |  |
| **Postcode** |  |  |  |
| **Telephone** |  |  |  |
| **E-mail address** |  |  |  |
| **You only need to complete this page once. If you wish to make more than one representation, attach additional copies of Part B to this part of the representation form.**  |
|  | **For Office Use Only****Ref. No.** |
| **Please complete all 4 pages of Part B for each separate representation****Please read the accompanying Guidance Notes before completing Part B** |
| **Name or Organisation** |  |

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| **3a. To which part of the Selby District Local Plan does this representation refer?** |
| Policy  |  |  | Paragraph |  |  | Table / Figure |  |
|  |  |  |  |  |  |  |  |
| Policies Map |  | Other |  |
|  |  |  |  |
| **3b. Or does your representation refer to a supporting document or evidence base document?** |  |

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| **4. Do you consider the document is:** |
| a. Legally Compliant | Yes |  | No |  |
|  |  |  |  |  |  |  |  |
| b. Sound | Yes |  | No |  |
| *If you consider that the document is Unsound, please identify to which Test of Soundness your representation relates:* |
|  | *i. Positively Prepared* |  |
|  |  |  |  |  |  |  |  |
|  | *ii. Justified* |  |
|  |  |  |  |  |  |  |  |
|  | *iii. Effective* |  |
|  |  |  |  |  |  |  |  |
|  | *iv. Consistent with National Policy* |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| c. Complies with the Duty to Co-operate | Yes |  | No |  |

Continued overleaf….

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| **5. Please give details of why you consider the document 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 document, or its compliance with the duty to Co-operate, please also use this box to set out your comments.** |
|  |
| Continue on a separate sheet if necessary |

Continued overleaf….

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| **6. Please set out what modifications (s) you consider necessary to make the document Legally Compliant or Sound, having regard to the Matter you have identified at 5. above where this relates to soundness. (Please note that any non-compliance with the Duty to Co-operate is incapable of modification at Examination). You will need to say why this modification will make the document 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 if necessary |
| **Please Note:** Your representation should cover succinctly all the information, evidence and supporting information necessary to support / justify the representation and the suggested modification, as there will not normally be a subsequent opportunity to make further representations based on the original representation at publication Stage.**After this stage, further submissions will only be at the request of the Inspector, based on the matters and issues he/she identifies for Examination.** |
| Continued overleaf…. |

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| **7. If your representation is seeking a modification, do you consider it necessary to participate at the oral part of the Examination?** |
|  | **No**, I do not wish to participate at the oral examination |  | **Yes,** I wish to participate at the oral examination |

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| **8. If you wish to participate at the oral part of the Examination, please outline why you consider this to be necessary:** |
|  |
| **Please Note:** The Inspector will determine the most appropriate procedure to adopt to hear those who have indicated that they wish to participate at the oral part of the examination. |

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| **9. Representation Submission acknowledgement**I acknowledge that I am making a formal representation under Regulation 19 of the Town and Country Planning (Local Planning)(England) Regulations 2012. I understand that my name (and organisation where applicable) and representation will be made publicly available during the public examination period of the Selby Site Allocations Local Plan in order to ensure that it is a fair and transparent process.   |
|  | **I agree with this statement and wish to submit the above representation for consideration** |
|  |  |
| **10. Signature:** |  | **Date:** |  |