

**RUGBY BOROUGH LOCAL PLAN
Publication Draft**



Representation Form

Con ID:

Rep ID:

(For official use only)

Please return to Rugby Borough Council by 5.00pm on Friday 11th November 2016

Please read the guidance notes accompanying this form before making your representation. Forms should be completed in black ink or typed. You are advised to keep a copy of the representation(s) you submit.

This form has two parts:

Part A – Personal Details

Part B – Your representation(s). **Please fill in a separate sheet for each representation you wish to make. You may photocopy the form or obtain further copies using the contact details provided.**

Part A

1. Personal Details*

2. Agent's Details (if applicable)

**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.*

Title	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Job Title (if applicable)	<input type="text"/>	<input type="text"/>
Organisation (if applicable)	<input type="text"/>	<input type="text"/>
Address Line 1	<input type="text"/>	<input type="text"/>
Address Line 2	<input type="text"/>	<input type="text"/>
Address Line 3	<input type="text"/>	<input type="text"/>
Address Line 4	<input type="text"/>	<input type="text"/>
Post Code	<input type="text"/>	<input type="text"/>
Contact Telephone Number	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text"/>	<input type="text"/>

Part B – Please use a separate sheet for each representation

Name or Organisation :

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

Paragraph / Page
NumberPolicy
NumberProposals Map
Reference

4. Do you consider the Plan is :

4.(1) Legally compliant*

Yes

No

4.(2) Sound*

Yes

No

* Refer to guidance notes for explanation.

*If you have entered **No** to 4.(2), please continue to Q5. In all other circumstances, please go to Q6.*5. Do you consider the Plan is **unsound** because it is not:

(1) Positively Prepared

(2) Justified

(3) Effective

(4) Consistent with national policy

6. Please give details of why you consider the Plan is not legally compliant or is unsound. Please be as precise as possible.

If you wish to support the legal compliance or soundness of the Plan, please also use this box to set out your comments.

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

7. Please set out what change(s) you consider necessary to make the Plan legally compliant or sound, having regard to the test you have identified at 5 above where this relates to soundness. You will need to say why this change will make the 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 your representation should cover succinctly all the information, evidence and supporting information necessary to support/justify the representation and the suggested change, 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 be only at the request of the Inspector, based on the matters and issues he/she identifies for examination.

8. If your representation is seeking a change, do you consider it necessary to participate at the oral part of the examination? *Please note that if you do not participate at the oral examination your representations will be dealt with as written representations and will carry the same weight as those presented orally.*

No, I do not wish to participate at the oral examination

Yes, I wish to participate at the oral examination

9. 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.

10. Do you wish to be notified of any of the following? (Please tick as appropriate)

The submission of the Local Plan for independent examination.

The publication of the recommendations of the Inspector.

The adoption of the Local Plan.

Signature:

Date:

Please note that:

- The Borough Council will acknowledge receipt of your representation(s) as soon as possible.
- Representations cannot be kept confidential. All representations received and any information provided will be open to public scrutiny including publication on the Borough Council's website.

PLEASE RETURN COMPLETED FORMS TO:

**Development Strategy
Growth and Investment Services
Rugby Borough Council
Town Hall
Evreux Way
CV21 2RR**

Or by e-mail to localplan@rugby.gov.uk

You can download this representation form online on our website: **www.rugby.gov.uk** - where you will also find the Publication Draft and all supporting documents. If you have any queries, please **contact the Development Strategy Team** on (01788) 533735.

**REPRESENTATIONS MUST BE RECEIVED NO LATER THAN
5.00PM ON 11th November 2016**