

Representation Form

 <p>SWINDON BOROUGH COUNCIL</p>	<p>Swindon Borough Council Local Plan</p> <p>Publication Stage (Regulation 19) Revised Proposed Submission Version Representation Form</p>	<p>Ref:</p> <p>(For official use only)</p>
---	---	--

Please return to Swindon Borough Council by 5:00pm 07 October 2021:

By E-mail to: forwardplanning@swindon.gov.uk or

By post to: Planning Policy, Swindon Borough Council, Wat Tyler House,
Euclid Street, Swindon, SN1 2JH

For your comments to be taken as a formal submission you are required to state your name and address. In line with the Data Protection Act 2018, Swindon Borough Council will treat and protect your data in accordance with the Act. If you wish to withdraw or amend your personal data, you will need to contact Swindon Borough Council's Planning Policy team either by email (forwardplanning@swindon.gov.uk) or in writing: Planning Policy, Swindon Borough Council, SN1 2JH. For further information on how your data is handled please visit https://www.swindon.gov.uk/directory_record/23261/planning_policy_privacy_notice

Please note it is not possible for representations to be anonymous. Your comments and your name (and organisation/job title, if relevant), will be publicly available.

This form has two parts –

Part A – Personal Details: need only be completed once.

Part B – Your representation(s). Please fill in a separate Part B sheet for each representation you wish to make.

Part A

1. Personal Details*

Agent's Details (if applicable)

**If an agent is appointed, please complete only the Title, Name and Organisation (if applicable) 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 (where relevant)	<input type="text"/>	<input type="text"/>
Organisation (where relevant)	<input type="text"/>	<input type="text"/>
Address Line 1	<input type="text"/>	<input type="text"/>
Line 2	<input type="text"/>	<input type="text"/>
Line 3	<input type="text"/>	<input type="text"/>
Line 4	<input type="text"/>	<input type="text"/>
Post Code	<input type="text"/>	<input type="text"/>
Telephone Number	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text"/>	<input type="text"/>

2. Request for further notification

If you wish to receive notification of Local Plan progress, please specify and tick here:

1. Specified address (e.g. E-mail)
2. Submission of the Local Plan for examination
3. Publication of the recommendations of the Planning Inspector
4. Adoption of the Swindon Borough Local Plan 2036

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

How did you **first** find out about this consultation?

Council e-newsletter	<input type="checkbox"/>	Other social media	<input type="checkbox"/>	Local newspaper (printed)	<input type="checkbox"/>	Don't remember	<input type="checkbox"/>
Council social media	<input type="checkbox"/>	Local news website	<input type="checkbox"/>	Local Radio	<input type="checkbox"/>		

Other (Please state):

Part B – Please use a separate sheet for each representation

Name or Organisation:

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

Paragraph Policy Policies Map

4. Do you consider the Local Plan is:

4.(1) Legally compliant	Yes	<input type="text"/>	No	<input type="text"/>
4.(2) Sound	Yes	<input type="text"/>	No	<input type="text"/>
4.(3) Complies with the Duty to co-operate	Yes	<input type="text"/>	No	<input type="text"/>

Please tick as appropriate

5. COMMENTS

Please give details of why you consider 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. MODIFICATIONS

Please set out the modification(s) you consider necessary to make the Local Plan legally compliant and sound, in respect of any legal compliance or soundness matters you have identified at 5 above. (Please note that non-compliance with the duty to co-operate 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 a modification to the plan, do you consider it necessary to participate in examination hearing session(s)?

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

Yes, I wish to participate in hearing session(s)

Please note that while this will provide an initial indication of your wish to participate in 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:

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.