Thurrock Council Local Plan – Regulation 19 Consultation

Representation Form

At the Regulation 19 stage, representations should relate to the **legal compliance** and/or **soundness** of the Thurrock Local Plan and should be directed towards a specific policy, site allocation, proposal or paragraph within the Publication Version of the Plan. Please indicate whether you wish to participate in the Examination hearing sessions if you are seeking a modification to the Plan and explain why your participation would be necessary.

Representations can be submitted through the Thurrock Local Plan consultation portal PlaceMaker, which provides access to the Publication Version of the Plan, supporting evidence and consultation documents.

If you require assistance, please email reg19localplan@thurrock.gov.uk

Please return this form to:

Strategic Planning - Planning Policy Team
Thurrock Council
Civic Offices
New Road
Grays
RM17 6SL

Or email it to: **reg19localplan@thurrock.gov.uk**

Thurrock Council is required to collect your personal information to enable you to participate in the Regulation 19 consultation of the Thurrock Local Plan. Representations received during the consultation will be submitted to the independent Planning Inspector appointed by the Secretary of State to undertake the Examination of the Local Plan.

Please note that all representations will be made public. Your representations and name will be published but other personal information will remain confidential.

Your representation and your name may be published as part of the Examination process. Other personal information, such as postal addresses, email addresses and telephone numbers, will not normally be published.

This form consists of two parts:

Part A – Personal Details

This section only needs to be completed once by each respondent.

Part B – Representation

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

PART A

1. Personal Details

2. Agent's Details (if applicable)

If an agent is acting on your behalf, complete only the Title, First Name, Last Name and Organisation fields in Section 1, then complete all fields in Section 2 with your agent's details.

Title		
First Name		
Last Name		
Job Title *(where relevant)*		
Organisation *(where relevant)*		
Address		
Postcode		
Email		
Telephone		

Part B - Please use a separate sheet for each representation

Name or Organisation	

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

Policy	
Policy/Site Ref	
Policy/Site Name	
Paragraph Ref	
Settlement	
Support/Object/Comment	

4. Do you consider the Local Plan is:

Please tick as appropriate

4.(1) Legally compliant	**Yes**		**No**	
4.(2) Sound	**Yes**		**No**	

5. Please give details of why you consider the Local 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 Local Plan please also use this box to set out your comments.

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

6. 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.

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.*

This form is designed to meet Government advisory requirements model representation form for Local Plans - GOV.UK