

## Chichester Local Plan: Key Policies Pre-submission 2014-2029

### Proposed Modifications Representation Form

If you would like more information about the Proposed Modifications to the Chichester Local Plan: Key Policies Pre-submission 2014-2029, or about this representation period, please contact the Planning Policy team at:

Planning Policy, Chichester District Council,  
East Pallant House, 1 East Pallant,  
Chichester PO19 1TY

Telephone: 01243 534571

Email: [planningpolicy@chichester.gov.uk](mailto:planningpolicy@chichester.gov.uk)

This form should be returned by **5pm on 19 February 2015** to the above address or via email. Additional copies of the form can be obtained by the Council's website: [www.chichester.gov.uk/newlocalplan](http://www.chichester.gov.uk/newlocalplan).

Photocopies of blank forms can also be made. This form is the only means by which representations will be accepted.

Late representations will not be accepted.

Advice on how to make representations is provided in the guidance notes which accompany this form and are available at [www.chichester.gov.uk/newlocalplan](http://www.chichester.gov.uk/newlocalplan).

**You are strongly advised to read the guidance notes before completing this form.**

This form is comprised of 2 parts:

- **Part A - Personal details** - All respondents must provide their personal details. It is not possible for representations to be anonymous. All comments, along with your name (and organisation/job title, if relevant), will be publicly available.
- **Part B - Your representation(s)** - Please fill in a separate sheet for each representation you wish to make. You only need to fill in Part A once, and send all representations in together.

**Data protection: Respondent details and representations** will be forwarded to the Independent Inspector, Sue Turner for consideration. All documents will be held at Chichester District Council, and **representations** will be published online. They will be handled in accordance with Data Protection Act 1998 and kept for three years following adoption of the Chichester Local Plan. Personal contact details will be removed from copies of representations published electronically.

**Part A – Personal Information**  
You only need to complete this section once



**Part A: 1.1 Personal Details**

Title

First name

Last name

Organisation (where applicable)

Job title (where applicable)

**Part A: 1.2 Client Details (if applicable)**

Title

First name

Last name

Organisation (where applicable)

Job title (where applicable)

**Part A: 1.3 Contact Address Details**

**Please provide details of the person who should be contacted regarding this representation.**

Address line 1

Address line 2

Address line 3

Address line 4

Postcode

Telephone Number

Email address

If you submit a representation, your contact details will be used to automatically notify you of the following stages in the preparation of the Local Plan. Please tick the appropriate box if you **DO NOT** wish to be notified of the following:

**Publication of the Inspector's recommendations**  
**The adoption of the Chichester Local Plan: Key Policies**



**5. If you consider the Proposed Modification to be unsound or not legally compliant please explain why in the box below. Please be precise as possible.**

Please also use this space for any comments in support.

(Continue on separate sheet if necessary)

**6. Please explain in the box below what change(s) you consider necessary to make the Proposed Modification legally compliant and sound. Please be precise as possible.**

Please explain why this change will make the Proposed Modification legally compliant and sound. It will be helpful if you are able to put forward any suggested revised wording of the policies or supporting text.

(Continue on separate sheet if necessary)

**7. Do you consider it necessary to attend and give evidence at the hearing part of the examination?**  
(tick as appropriate)

**No**, I wish to communicate through written representations

**Yes**, I wish to speak to the Inspector at the hearing sessions

**(Please note:** The Inspector will determine the most appropriate procedure to hear those who have indicated that they wish to participate at the hearing part of the examination.)

**8. If you wish to participate at the hearing part of the examination, please outline why you consider this to be necessary.**

(Continue on separate sheet if necessary)

**This is the end of the representation form. Please complete Part B of this form for each representation you wish to make. You only need to complete Part A once.**