For Council For Council

Bishops Clyst Neighbourhood Plan

East Devon

Submission Version

Representation Form

1 2 JUL 2016

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FILE

ECONOMY

The Bishops Clyst Neighbourhood Plan has been produced by Bishops Clyst Parish Council. It has now been formally submitted to East Devon District Council who are legally required to undertake public consultation.

Please return this form to East Devon District Council by Monday 15 August 2016. Representations received after this time will not be accepted.

Part A - Personal Details Please note we cannot accept anonymous responses.

Personal Details		Agent's Details (if	applicable)*
Title	MR.	Title	
First Name	WEIL	First Name	· .
Last Name	MACAULAY	Last Name	
Job Title (where relevant)	Retired	Job Title (where relevant)	
Organisation (where relevant)	NA	Organisation (where relevant)	45 W.S
Address	52 Winslade Park Avenue Clyst St. Mary Exeter	Address	
Postcode	EXS IDB	Postcode	
Tel. No.		Tel. No.	
Email Address		Email Address	

^{*}if an agent is appointed, please fill in your title, name and organisation and the full contact details of the agent. Where an agent is used the agent will be the point of contact for correspondence.

Name/Organisation Please complete for each sheet	Private
Please indicate whether	you wish to be notified of any of the following:
	f the recommendations of any person appointed to carry out an nination of the Bishops Clyst Neighbourhood Plan
	ne Bishops Clyst Neighbourhood Plan.
Other planning po	olicy issues.
Representation	details
Please use a separate for	m for each representation
1. To which section	n of the Neighbourhood Plan does this representation relate?
	arate form must be completed for each representation)
Policy Number (Include policy, paragraph or other reference no. if appropriate)	All sections
of the plan. If your comn a map. Continue on a se	oox below to set out why you are supporting or objecting to this part nent relates to a specific area of land or site if possible please identify it or parate sheet if necessary
To prote	of the local environment and
control t	It the local environment and the amount of private & Commercial at in the area.
dovelame	nt in the area.
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	₩ :E

Name/Organisation Please complete for each sheet	Private
	you suggest should be made to the plan?
-	able to put forward your suggested revised wording of any policy or text blicy boundary. Please be as precise as possible.
None	
-	
Continue on a separate sheet if r	necessary
-	tion is seeking a change, do you consider it necessary to speak at (please tick one box only)
Please note this will not be	regarded as a binding decision but will help us in our planning.
If you select No your repre Inspector by way of written	sentation(s) will still be fully considered by the independent Planning representations.
No, I do not wish to	speak at the examination:
Yes, I wish to speal	c at the examination:

nplete for each
f you wish to speak at the examination, please outline why you consider this to be necessary:
li li

Please note the Inspector will determine the most appropriate procedure to adopt to hear those who have indicated that they wish to participate in the examination. If the Inspector does not consider it necessary to hold a public examination consideration will be given by way of written reprentations.

Please note that your comments and your contact details will be publically available, although your signature, private e-mail address and telephone number will not be visible on our web site.

Signed				

A signature is required by the Planning Inspectorate. If filling in the form electronically it can be an 'electronic signature' by typing in your name in the box. If you provide a handwritten signature we will ensure that it is not published on-line but it will be visible on the paper copies available at our offices and sent to the Inspector.

Date	11/7/2016	
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Please e-mail the completed form(s) and any additional information to localplan@eastdevon.gov.uk or send to Tim Spurway, Planning Policy Section, East Devon District Council, The Knowle, Sidmouth, EX10 8HL