For Council | For Council | |

Bishops Clyst Neighbourhood Plan – Submission Version Representation Form



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	Roger	First Name	
Last Name	ROSCR	Last Name	
Job Title (where relevant)		Job Title (where relevant)	
Organisation (where relevant)		Organisation (where relevant)	
Address	12 Windake Park Avenue Chyst St Warn	Address	
Postcode	EXS IDA	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	Roger	Hutton
3. What changes would you	suggest should	be made to the plan?
It will be helpful if you are able or suggested alternative policy	•	our suggested revised wording of any policy or text se be as precise as possible.
None		
None		
Continue on a separate sheet if nece	ssary	
4. If your representation the examination? (ple	_	ange, do you consider it necessary to speak at only)
Please note this will not be reg	jarded as a bindir	ng decision but will help us in our planning.
If you select No your represent Inspector by way of written rep		be fully considered by the independent Planning
No, I do not wish to spo		nation:
Yes, I wish to speak at	the examination:	

Name/Organisation Please complete for each sheet	Roger	HUTTON	
Please indicate whether y	ou wish to be notified	ed of any of the following:	
1 1 '		ns of any person appointed to carry ps Clyst Neighbourhood Plan	out an
	e Bishops Clyst Neig	ghbourhood Plan.	
Other planning pol	icy issues.		
Representation of	letails		
Please use a separate form	n for each representa	ation	
1. To which section	of the Neighbourh	ood Plan does this representation	on relate?
	rate form must be o	completed for each representation	on)
Policy Number	All		
(include policy, paragraph or other reference no. if appropriate)			
of the plan. If your comme a map. Continue on a separation of the bishops Clast Comprehensive the local fe	ent relates to a speciarate sheet if necession for a family and those who	why you are supporting or objectific area of land or site if possible possi	the a escribes development

Name/Organisation Please complete for each sheet	Roger Hutton	
5. If you wish to spea necessary:	cat the examination, please outline why you consider this to	be
who have indicated that the	Il determine the most appropriate procedure to adopt to hear those wish to participate in the examination. If the Inspector does not I a public examination consideration will be given by way of writter	
•	ents and your contact details will be publically available, although lress and telephone number will not be visible on our web site.	your
Signed		
'electronic signature' by typi	e Planning Inspectorate. If filling in the form electronically it can be ng in your name in the box. If you provide a handwritten signature shed on-line but it will be visible on the paper copies available at co	we

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

15/8/16.

Date