



# Rockbeare Neighbourhood Plan

## Submission Version Representation Form

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

Accession	Rep No.
For Council Use Only	For Council Use Only

**Please return this form to East Devon District Council by Friday 16<sup>th</sup> March 2018. Representations received after this time will not be accepted.**

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

Personal Details	
Title	
First Name	
Last Name	
Job Title (where relevant)	
Organisation (where relevant)	
Address	
Postcode	
Tel. No.	
Email Address	

Agent's Details (if applicable)*	
Title	
First Name	
Last Name	
Job Title (where relevant)	
Organisation (where relevant)	
Address	
Postcode	
Tel. No.	
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.

<b>Name/Organisation</b> Please complete for each sheet	
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Please indicate whether you wish to be notified of any of the following:

The publication of the recommendations of any person appointed to carry out an independent examination of the Rockbeare Neighbourhood Plan.

The adoption of the Rockbeare Neighbourhood Plan.

## Representation details

Please use a separate form for each representation

**1. To which section of the Neighbourhood Plan does this representation relate?**

**(Please note that a separate form must be completed for each representation)**

<b>Policy Number</b> (Include policy, paragraph or other reference no. if appropriate)	
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**2. Please use the box below to set out why you are supporting or objecting to this part of the plan.** If your comment relates to a specific area of land or site if possible please identify it on a map. Continue on a separate sheet if necessary

<b>Name/Organisation</b> Please complete for each sheet	
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**3. What changes would you suggest should be made to the plan?**

It will be helpful if you are able to put forward your suggested revised wording of any policy or text or suggested alternative policy boundary. Please be as precise as possible.

Continue on a separate sheet if necessary

**4. If your representation is seeking a change, do you consider it necessary to speak at the examination?** (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 representation(s) will still be fully considered by the independent Planning Inspector by way of written representations.

No, I do not wish to speak at the examination.

Yes, I wish to speak at the examination.

Name/Organisation Please complete for each sheet	
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**5. If you wish to speak at the examination, please outline why you consider this to be necessary:**

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*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 representations.*

*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	
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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	
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**Please e-mail the completed form(s) and any additional information to [planningpolicy@eastdevon.gov.uk](mailto:planningpolicy@eastdevon.gov.uk) or send to Phil Twamley, Planning Policy Section, East Devon District Council, The Knowle, Sidmouth, EX10 8HL**