**ADUR DISTRICT COUNCIL, BRIGHTON & HOVE CITY COUNCIL, WEST SUSSEX COUNTY COUNCIL**

**Representation Form**

**Town and Country Planning (Local Planning) (England) Regulations 2012**

**Proposed Submission Shoreham Harbour Joint Area Action Plan**

**Return Address:**

**consultation@shorehamharbour.com**

**Or:**

**Shoreham Harbour Regeneration, c/o Adur District Council, Town Hall, Chapel Road, Worthing, BN11 1BR**

**Please return to Shoreham Harbour Regeneration by midnight on 22 December 2017**

**Late representations will not be considered.**



 **Use of your information** Respondent details and representationswill be forwarded to the Secretary of State for Communities and Local Government for consideration when the Joint Area Action Plan is submitted for examination. All documents will be held by Adur District Council, Brighton & Hove City Council and West Sussex County Council. Representationswill be published including on the councils’ webistes. Personal contact details (address, email and phone number) will be removed from published copies of representations. Your information will be handled in accordance with Data Protection Act 1998.

Contact details will be added to the Shoreham Harbour Regeneration consultees database to keep you informed on the progress of the Adur Local Plan and other related documents.

[ ]  Please tick if you do **not** want to be informed.

This form has two parts:

1. Part A - Respondent Details. You only need to fill this in once.
2. Part B - Your representation(s). Please fill in a separate sheet for each representation you make.

**It is recommended that you read the Guidance Notes provided for an explanation of terms used in this form.**

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

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| **Personal Details** |

First name

Last name

Organisation

(where applicable)

Address line 1

Address line 2

Address line 3

Post Code Telephone

Email address

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| **Agent’s Details** (if applicable) |

First name

Last name

Organisation

Job Title

Address line 1

Address line 2

Address line 3

Post Code Telephone

Email address

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| **Part B – Representation****Please use separate sheets for each representation** |

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| 1. **Which part of the Joint Area Action Plan does this representation relate to?**
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Policy No. Paragraph No.

Map Other section

(please specify)

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| 1. **Do you consider the Joint Area Action Plan to be:** (tick as appropriate)
 |

**2.1** Legally Compliant Yes [ ]  No [ ]

**2.2** Sound Yes [ ]  No [ ]

**Please read the Guidance Note for guidance on legal compliance and soundness.**

**If you have ticked no to 2.1, please continue to Q4.**

**If you have ticked no to 2.2, please continue to Q3.**

**If you have ticked yes to 2.1 and 2.2 please go to Q7.**

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| 1. **Do you consider the Joint Area Action Plan to be unsound because it is not:** (tick as appropriate)
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* 1. Positively Prepared [ ]
	2. Justified [ ]
	3. Effective [ ]
	4. Consistent with National Policy [ ]

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| 1. **If you consider the Joint Area Action Plan to be unsound or not legally compliant, please explain why in the box below:**
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| 1. **Please explain in the box below what change(s) you consider necessary to make the Joint Area Action Plan legally compliant and sound having regard to the reason you identified above.**

**(You will need to say why this change will make the plan legally compliant or sound. It will be helpful if you are able to put forward your suggested or revised wording of any policy or supporting text. Please be as precise as possible).**  |
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| 1. **If your representation concerns soundness or legal compliance and is seeking a change, 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.

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| 1. **If you wish to participate at the hearing part of the examination, please outline why you consider this to be necessary.**
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| 1. **Please tick if you DO NOT wish to be informed of the following:**
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When the Shoreham Harbour Joint Area Action Plan has been

submitted for independent examination [ ]

Consultation on any further changes to the Shoreham Harbour

Joint Area Action Plan [ ]

The date of the Examination in Public [ ]

Publication of the Inspector’s report [ ]

Adoption of the Shoreham Harbour Joint Area Action Plan [ ]

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| **What happens next?**Representations made to the councils will be passed to the Inspector for consideration.Once this has happened, the Inspector will commence the examination and give notice of the start of the hearing sessions.Interested parties will be informed of the start date of the hearing sessions and the matters to be considered.**Thank you for making representations.**  |