

**Mid Cherwell Neighbourhood Plan 2018 – 2031**

**Regulation 16 Consultation 4th May to 19th June 2018**

**Response Form**

The proposed Mid Cherwell Neighbourhood Plan 2018-2031 has been published for the purpose of inviting representations before it is independently examined. All documents can be viewed on the District Council’s website at: <https://www.cherwell.gov.uk/info/221/neighbourhood-plans/400/mid-cherwell-neighbourhood-plan> or [www.cherwell.gov.uk/planningpolicyconsultation](http://www.cherwell.gov.uk/planningpolicyconsultation) or at the locations listed in the Public Notice

**There are a number of ways to make comments:**

* **Complete this form and email it to:** [PlanningPolicyConsultation@Cherwell-dc.gov.uk](mailto:PlanningPolicyConsultation@Cherwell-dc.gov.uk)
* **Print this form, fill it in and post it to:** Planning Policy, Strategic Planning and Growth Strategy team, Cherwell District Council, Bodicote House, Bodicote, Banbury OX15 4AA.
* **Email or post** your representations without using this form to the above addresses

**Deadline:** **Tuesday 19th June 2018 (by 5pm)** Representations received after this date may not be accepted.

**Please note that any anonymous representations cannot be accepted.**

**How to use this form?**

Please complete **Part A** in full, in order for your representations to be taken into account at the Neighbourhood Plan examination.

Please complete **Part B** overleaf, identifying which policy or section your comment relates to by completing the appropriate box. Please repeat this section for subsequent comments relating to other sections of the plan.

**Next Steps**

All representations submitted to Cherwell District Council will be forwarded to the independent examiner for consideration ahead of the examination of the Plan. Comments will be used to inform potential modifications to the Plan, which an examiner may conclude are required before it can proceed to public referendum.

**PART A**

|  |  |  |
| --- | --- | --- |
|  | **Personal Details (if applicable)** | **Agent’s Details (if applicable)** |
| Title  (will be published) |  |  |
| First Name  (will be published) |  |  |
| Last Name  (will be published) |  |  |
| Job Title (*where relevant)*  *(Internal use by Council Only)* |  |  |
| Organisation *(where relevant)* |  |  |
| Address  (Internal use by Council Only) |  |  |
| Postcode  (Internal use by Council Only) |  |  |
| Tel. No.  (Internal use by Council Only) |  |  |
| Email Address  (Internal use by Council Only) |  |  |

**PART B**

**To which part of the document does your representation relate to?**

|  |  |  |  |
| --- | --- | --- | --- |
| Section (and page number) |  | Policy Reference: |  |

**Do you support, oppose, or wish to comment on this section? (Please tick one answer)**

|  |  |  |  |
| --- | --- | --- | --- |
| Support | Support with modifications | Oppose | Have Comments |

Please use the following space to write your comments, clearly stating the policy, paragraph or page number you are commenting on. Continue on further sheets as necessary. Please provide reasons for your comments.

|  |
| --- |
| **Please give details of your reasons for support/ opposition, or make other comments here:** |
| (Continue on separate sheet if necessary) |

|  |
| --- |
| **What improvements or modifications would you suggest?** |
| (Continue on separate sheet if necessary) |

**To which part of the document does your representation relate to?**

|  |  |  |  |
| --- | --- | --- | --- |
| Section (and page number) |  | Policy Reference: |  |

**Do you support, oppose, or wish to comment on this section? (Please tick one answer)**

|  |  |  |  |
| --- | --- | --- | --- |
| Support | Support with modifications | Oppose | Have Comments |

Please use the following space to write your comments, clearly stating the policy, paragraph or page number you are commenting on. Continue on further sheets as necessary. Please provide reasons for your comments.

|  |
| --- |
| **Please give details of your reasons for support/ opposition, or make other comments here:** |
| (Continue on separate sheet if necessary) |
| **What improvements or modifications would you suggest?** |
| (Continue on separate sheet if necessary) |

If you have additional representations feel free to include additional pages. Please make sure any additional pages are clearly labelled/ addressed or attached.

*A Neighbourhood Planning Examination is normally undertaken through written representations only. A hearing may be held at the Examiner’s discretion where they consider this would be helpful to understand issues in greater detail.  If you believe a hearing is necessary, please set out your reason(s) below:*

Please state whether you would like to be notified of the Council’s decision on the Neighbourhood Plan Proposal. Please tick one box below.

Yes No