

For office use only Consultee ID: Agent ID: Date Received::

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# Dartford Local Plan Pre- Submission (Publication) September 2021 Town and Country Planning (Local Planning) England Regulations 2012 – Regulation 19

## **Representation Form**

Representations on the Dartford Local Plan should be submitted by **5pm on Wednesday 27**<sup>th</sup> **October 2021. Late representations will not be accepted.** 

Representations should be made using this form and submitted to Dartford Borough Council by email to <a href="mailto:localplan@dartford.gov.uk">localplan@dartford.gov.uk</a> or sent to: Planning Policy Team, Dartford Borough Council, Civic Centre, Home Gardens, Dartford, Kent DA1 1DR.

Additional copies of the form can be obtained from the Council's website at: <a href="https://www.dartford.gov.uk/by-category/environment-and-planning2/new-planning-bolicy/new-local-plan">https://www.dartford.gov.uk/by-category/environment-and-planning2/new-planning-bolicy/new-local-plan</a>. Photocopies of blank forms can also be made.

Advice on how to make representations is provided in the guidance notes which accompany this form. You are strongly advised to read the guidance notes before completing this form. *Please note that if you responded to the previous version of the Pre-Submission Local Plan February 2021, your previous representation will not be automatically carried forward and you will need to respond again.* 

This form comprises 3 parts:

- Part 1: Your details
- Part 2: Your representation(s). Please fill out a separate sheet for each representation you wish to make. However, only fill in Part A once and send all representations in together.
- Part 3: Declaration

If you have any queries about this consultation, please contact the Planning Policy Team by emailing <a href="mailto:localplan@dartford.gov.uk">localplan@dartford.gov.uk</a> or by phoning 01322 343213.

You only need to fill this section out once.

## Part 1: Your details

You only need to fill this section out once

	1. Personal details	2. Agent details (if applicable)
Title		
Name		
Organisation / group		
Address 1		
Address 2	Dartford	
Address 3		
Postcode		
Telephone number		
Email address		
If you are replying on I does it represent?	pehalf of a group, how many people	

## Part 2: Representation

For office use only	
Consultee ID:	
Agent ID:	
Date Received: :	

Please use a se	parate shee	t for each	representat	tion		
Name or Organ	nisation:					
1. To which p paragraph or			Plan does	this represent	ation relate (	please specify
Paragraph			Policy		Policies Map	
2. Do you con	sider the I	₋ocal Pla	ın is:			
Please mark with	n a cross in	the boxes	s as appropr	iate		
(1) Legally com	pliant		Yes		No	
(2) Sound			Yes		No	
(3) Complies v			Yes		No	
is unsound or possible. If yo	r fails to o u wish to	comply v support	vith the du the legal c	r the Local Pla ity to co-opera compliance or s ate, please also	ite. Please be soundness of	as precise as the Local Plan

(Continue on a separate sheet / expand box if necessary)

legally compliant and sound, in a matters you have identified at 3 all duty to co-operate is incapable of n why each modification will make the	you consider necessary to make the Local Plan espect of any legal compliance or soundness love. (Please note that non-compliance with the nodification at examination). You will need to say a Local Plan legally compliant or sound. It will be red your suggested revised wording of any policy sible.
	Continue on a separate sheet / expand box if necessary) should provide succinctly all the evidence and supporting
information necessary to support your r should not assume that you will have a fu	representation and your suggested modification(s). Your ther opportunity to make submissions. If only be made if invited by the Inspector, based on the
5. If your representation is seeking necessary to participate in the example.	g a modification to the plan, do you consider it nination hearing session(s)?
No, I do not wish to participate in hearing session(s)	Yes, I wish to participate in hearing sessions(s)
	an initial indication of your wish to participate in hearing pint to confirm your request to participate.
6. If you wish to participate in the he this to be necessary.	aring session(s), please outline why you consider
have indicated that they may wish to parti-	ne most appropriate procedure to adopt to hear those who cipate in hearing session(s). You may be asked to confirm or has identified the matters and issues for examination.

### **Part 3: Declaration**

#### **Data Protection**

**Declaration:** 

The personal information you provide on this form will be processed in accordance with the Data Protection Act 2018 and the Privacy and Electronic Communications (EC Directive) Regulations 2003. The information you provide will only be used for the purposes of the preparation of the Local Plan as required by the Planning and Compulsory Purchase Act 2004, and may be used by the Council to contact you, if necessary, regarding your submission. Under Regulation 22, we have a duty to send all representations to the appointed Planning Inspector. Your name, organisation name (if relevant), comments and town/parish of residence will be made available for public inspection when displaying and reporting the outcome of the statutory consultation stage and cannot be treated as confidential. You will not be asked for any unnecessary information and we will not publish any personal data beyond what is stated in this declaration.

By completing this form and ticking this box:
I agree to my name, organisation, town/parish of residence and representations being made available for public inspection.
Date:
Signed (print name):