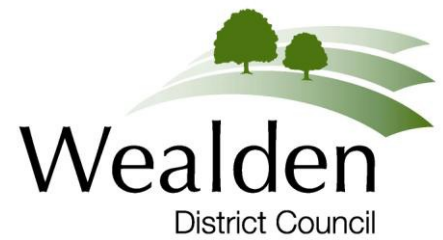


Proposed Submission Wealden Local Plan

Publication Stage (Regulation 19) Representation Form



Please read the accompanying '**Guidance Notes for Respondents**' before completing this form.

Where possible, the Council would prefer that you submit your response **online** at <http://wealden.objective.co.uk/portal/> or by following the links from the Council's website <http://www.wealden.gov.uk/>.

The period for representations runs from **9am on Monday 13th August until 5pm on Monday 8th October 2018**. Representations received after **5pm on Monday 8th October 2018** cannot be accepted.

Please return completed forms to **Planning Policy, Wealden District Council, Vicarage Lane, Hailsham. BN27 2AX** or by email to ldf@wealden.gov.uk.

Please note that all comments will be made available for the public to read and therefore cannot be treated as confidential.

Part A - Personal Details

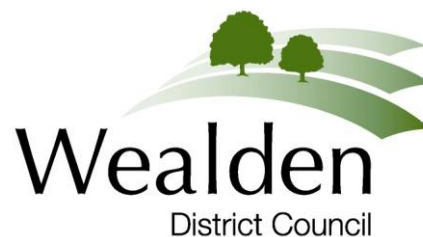
	Personal Details	Agent Details (if making a representation on behalf of a client)
Title		
First Name		
Last Name		
Job Title (where relevant)		
Organisation (where relevant)		
Address		
Post Code		
Telephone Number		
Email Address		

Office use only

Date received: _____ Rep ID: _____ Consultee ID: _____ Agent ID: _____

Proposed Submission Wealden Local Plan

Publication Stage (Regulation 19) Representation Form



Part B – Representation (Please use a separate sheet for each representation)

When the Wealden Local Plan is examined it will be tested for:

1. Legal compliance – That it has been produced in accordance with Government Regulations. This includes the Duty to Cooperate.
2. Soundness – That the content is positively prepared, justified, effective and consistent with national policy
 - If you wish to comment on the way Wealden District Council has **prepared** the Wealden Local Plan, it is likely that your comments or objections will relate to a matter of **legal compliance**.
 - If you wish to make a representation on the actual **content** of the plan, it is likely that your comments or objections will relate to a matter of **soundness**.

Further information on the test of soundness and legal compliance is provided in our accompanying '**Guidance Note for Respondents**'

Q1. To which part of the Wealden Local Plan does this representation relate?
(Please use a separate form for each separate Chapter/Policy/Paragraph/Figure or Table you wish to make a representation on).

Chapter:	Paragraph Number:
Policy Number:	Figure/Table Number:

Q2(a). Do you consider the Wealden Local Plan to be Legally Compliant?

Yes Please go to Question 3(a)

No Please go to Question 2(b)

Q2(b). If you answered No to Question 2a please give details of why you consider the Wealden Local Plan is not legally compliant

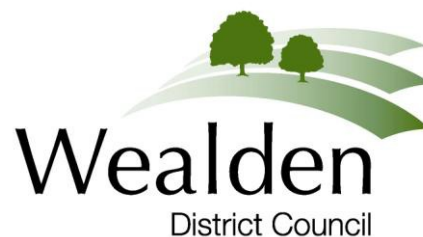
Continue on a separate sheet if necessary. Mark any additional pages with your name or organisation

Office use only

Date received: _____ Rep ID: _____ Consultee ID: _____ Agent ID: _____

Proposed Submission Wealden Local Plan

Publication Stage (Regulation 19) Representation Form



Q3(a). Do you consider the Wealden Local Plan to be sound?

Yes Please go to Question 4

No Please go to Question 3(b)

Q3(b). If you answered No to Question 3a. Do you consider the Wealden Local Plan to be unsound because it is not (Please mark all you think apply)

a) Positively prepared

b) Justified

c) Effective

d) Consistent with National Policy

e) Other (please specify)

Q4. Please set out what change(s) you consider necessary to make the Wealden Local Plan legally compliant or sound, having regard to your previous comments regarding legal compliance and soundness.

(You will need to say why you believe this suggested change will make the Wealden Local plan legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text).

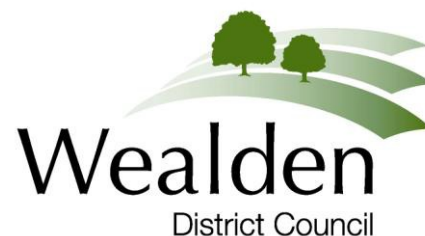
Continue on a separate sheet if necessary. Mark any additional pages with your name or organisation

Please note your representation should cover all of the information, evidence and supporting information necessary to support/justify the representation and the suggested change. After this stage, further submissions will be only at the request of the Inspector, based on the matters and issues he/she identifies for examination.

Office use only			
Date received:	Rep ID:	Consultee ID:	Agent ID:

Proposed Submission Wealden Local Plan

Publication Stage (Regulation 19) Representation Form



Q5(a). If your representation is seeking any change to the Wealden Local Plan, do you consider it necessary to participate at the oral part of the examination to help explain the need for the change proposed?

- No**, I do not wish to participate at the oral examination *Please go to Question 6*
- Yes**, I wish to participate at the oral examination *Please go to Question 5(b)*

Q5(b). If you wish to participate at the oral part of the examination, please outline why you consider this to be necessary.

Continue on a separate sheet if necessary. Mark any additional pages with your name or organisation

Please note the Inspector will determine the most appropriate procedure to hear those who have indicated that they wish to participate at the oral part of the examination.

Q6. Finally, do you wish to be notified of any of the following? Please mark all that apply. *We will contact you using the details you have given at the beginning of this form.*

- a) The Wealden Local Plan has been submitted for independent examination
- b) The Inspector's Report is published
- c) Wealden District Council adopts the Wealden Local Plan

General Data Protection Regulation 2016 and Data Protection Act 2018.

Representations cannot be treated in confidence by law and copies of all representations will be made publicly available. The Council will also provide names and associated representations on its website but will not publish personal information such as telephone numbers, emails or private addresses. By submitting your views on the document you confirm that you agree to this and accept responsibility for your comments.

Signature:	Date:
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(If submitting electronically please print name)

If you need further information or assistance, please contact the Planning Policy Team by e-mail at ldf@wealden.gov.uk or by telephone on 01892 602008.

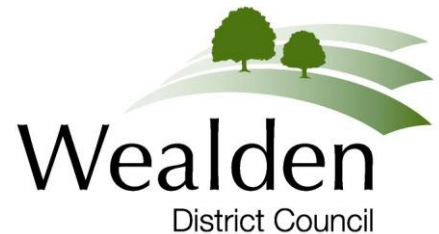
If you, or somebody you know, would like the information contained in this document in large print, Braille, audio tape/CD or in another language please contact Wealden District Council on 01323 443322 or info@wealden.gov.uk.

Office use only

Date received:	Rep ID:	Consultee ID:	Agent ID:
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EQUALITY MONITORING

We want to be sure that we treat everyone who uses our services equally. Answers to the following questions will tell us more about our customers. Any information you give will be treated in the strictest confidence and will be used only to help us to improve our services. You do not have to fill this in but it will help us if you do.



Ethnic background (choose the sections from (a) to (f) that apply, then tick the appropriate box to indicate your ethnic background).

(a) White

British

Irish

Other White please say which

(b) Mixed

White and Black

Caribbean

White and Black African

White and Asian

Other Mixed please say which

(c) Asian or Asian British

Indian

Pakistani

Bangladeshi

Other Asian please say which

(d) Black or Black British

Caribbean

African

Other Black please say which

(e) Chinese or other ethnic group

Chinese

Any other ethnic group please say which

(f) Traveller

Gypsy/Romany

Irish

Any other Traveller please say which

Gender Male Female Trans-gender Trans-sexual

Age 15 and under 16-19 20-29 30-39 40-49

50-59 60-69 70-79 80 and over

Marital status Single Married Civil Partnership

Widowed Divorced Partner or Co-habiting

Religion or belief Christian (all denominations)

Muslim Judaism/Jewish Hinduism Sikhism

Buddhism Other No religion or belief

Sexual orientation Heterosexual Lesbian or gay

Bisexual Prefer not to say

Do you consider yourself to be disabled? Yes No

(The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities).

Physical impairment Communication or speech impairment Mental Health

Hearing impairment Visual impairment Learning disability/difficulty

Long-term illness or health condition