

# Draft Local Plan Proposed Submission Representation Form

## August 2016

For office use only



### How to get involved

The best way to comment on the **Draft Local Plan Proposed Submission** is online at: [www.welhat.gov.uk/localplan](http://www.welhat.gov.uk/localplan).

Alternatively, you can complete this form and return it by post to:  
Planning Policy, Welwyn Hatfield Borough Council, Council Offices,  
The Campus, Welwyn Garden City, AL8 6AE.

**Please return to Welwyn Hatfield Borough Council by 5pm Monday 24 October 2016.**

This form has two parts –

- **Part A – Personal Details** (you only need to complete this once)
- **Part B – Your Representation(s)**. Please fill in a separate Part B for each representation you wish to make.

## PART A: Section 1 – Your Personal Details

Please complete this section in full.

However, if you are an Agent representing a client, please complete only the Title, Name and Organisation of your client below and then complete your full contact details in Section 2.

Title	<input type="text"/>	First name	<input type="text"/>
Last name	<input type="text"/>		
Job title (where relevant)	<input type="text"/>		
Organisation (where relevant)	<input type="text"/>		
Address Line 1	<input type="text"/>		
Address Line 2	<input type="text"/>		
Address Line 3	<input type="text"/>		
Address Line 4	<input type="text"/>	Postcode	<input type="text"/>
Telephone number	<input type="text"/>		
Email address (where relevant)	<input type="text"/>		

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[www.welhat.gov.uk/localplan](http://www.welhat.gov.uk/localplan)



**WELWYN  
HATFIELD**

**PART A: Section 2 – Your Agent’s Details**

Title	<input type="text"/>	First name	<input type="text"/>
Last name	<input type="text"/>		
Job title (where relevant)	<input type="text"/>		
Organisation (where relevant)	<input type="text"/>		
Address Line 1	<input type="text"/>		
Address Line 2	<input type="text"/>		
Address Line 3	<input type="text"/>		
Address Line 4	<input type="text"/>	Postcode	<input type="text"/>
Telephone number	<input type="text"/>		
Email address (where relevant)	<input type="text"/>		

How did you hear about this consultation? (Please select all that apply)

- |                                                |                                                |
|------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Direct email / letter | <input type="checkbox"/> Newspaper             |
| <input type="checkbox"/> Community Group       | <input type="checkbox"/> Poster                |
| <input type="checkbox"/> Twitter               | <input type="checkbox"/> Library               |
| <input type="checkbox"/> Word of mouth         | <input type="checkbox"/> Parish / Town Council |
| <input type="checkbox"/> Website               | <input type="checkbox"/> Facebook              |
| <input type="checkbox"/> LinkedIn              | <input type="checkbox"/> Other                 |

### PART A: Section 3 – Monitoring

We use this information to ensure everyone gets fair access to council services. However, you are not obliged to answer any of these questions. Any personal information will be treated in the strictest confidence. No personal information will be passed to a third party.

Do you live in the Borough?

 Yes No

Do you work in the Borough?

 Yes No

Do you represent an organisation or client?

 Yes No

Are you?

 Male Female

Which age group do you belong to?

 Under 16 16 – 24 25 – 34 35 – 44 45 – 54 55 – 64 65 – 79 80+ Prefer not to say

Do you consider yourself to have a disability?

 No Yes

If yes, what is the nature of your disability?

## Monitoring (cont.)

I would describe myself as...

- |                                                            |                                                             |
|------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> White – British                   | <input type="checkbox"/> Asian/ Asian British – Bangladeshi |
| <input type="checkbox"/> White – Irish                     | <input type="checkbox"/> Asian/ Asian British – Other       |
| <input type="checkbox"/> White – Other                     | <input type="checkbox"/> Black/ Black British – Caribbean   |
| <input type="checkbox"/> Mixed – White and Black Caribbean | <input type="checkbox"/> Black/ Black British – African     |
| <input type="checkbox"/> Mixed – White and Black African   | <input type="checkbox"/> Black/ Black British – Other       |
| <input type="checkbox"/> Mixed – White and Asian           | <input type="checkbox"/> Arab                               |
| <input type="checkbox"/> Mixed – Other                     | <input type="checkbox"/> Gypsy and Traveller                |
| <input type="checkbox"/> Asian/ Asian British – Chinese    | <input type="checkbox"/> Other ethnic group                 |
| <input type="checkbox"/> Asian/ Asian British – Indian     | <input type="checkbox"/> Prefer not to say                  |

Where English is not your first language, please specify your main language:

Are you? (Please tick one box)

- |                                    |                                 |                                |                                            |                                 |
|------------------------------------|---------------------------------|--------------------------------|--------------------------------------------|---------------------------------|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim | <input type="checkbox"/> Hindu | <input type="checkbox"/> Sikh              | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Other  | <input type="checkbox"/> None  | <input type="checkbox"/> Prefer not to say |                                 |

## PART B: This is Your Representation

Your representation should cover succinctly all the information, evidence and supporting information necessary to support/justify the representation and the suggested change, as there will not normally be a subsequent opportunity to make further representations.

**After this stage, further submissions will only be allowed at the request of the Inspector, based on the matters and issues he/she identifies for examination.**

**Name or Organisation, and Agent if applicable:**

### To which part of the draft Local Plan does this representation relate?

(Please make a separate representation for each part of the draft Local Plan you are commenting on)

Paragraph Number:

Policy Number:

Policies Map Number or Inset Map Name:

Table Number:

Figure Number:

**Do you consider the draft Local Plan is legally compliant?**

(please select one answer)

Yes No **If no, is this because it is NOT (see guidance notes for respondents):**

(please select all that apply)

Prepared in accordance with the Local Development Scheme Prepared in accordance with the Statement of Community Involvement Consistent with the regulatory requirements for consultation Compliant with the Duty to Co-operate Accompanied by a compliant Sustainability Appraisal **Please give details of why you consider the draft Local Plan is not legally compliant. Please be as precise as possible.** (Attach supporting documents if necessary.)

**Do you consider the draft Local Plan is sound?**

(please select one answer)

Yes No **If no, is this because it is NOT (see guidance notes for respondents):**

(please select all that apply)

Positively prepared

Justified

Effective

Consistent with national policy

**Please give details of why you consider the draft Local Plan is sound or unsound. Please be as precise as possible.** (Attach supporting documents if necessary.)

**Please set out the changes you consider necessary to make the draft Local Plan legally compliant or sound including revised wording of any policy or text. Be as precise as possible.** (Please note that any non-compliance with the Duty to Co-operate cannot be rectified at the examination.)

**You will need to say why the change will make the draft Local Plan legally compliant or sound.**

(Attach supporting documents if necessary.)

**If your representation is seeking a change, do you consider it necessary to take part and speak at the examination hearing?**

(please select one answer)

No, I do not wish to take part in the examination hearing

Yes, I wish to take part in the examination hearing, if invited to do so by the Inspector



If you wish to take part in the examination hearing, please outline why you consider this to be necessary (Please note the Inspector will determine who will be invited to be heard at the examination hearing):

Do you wish to be notified of any of the following? (please select all that apply)

When the Welwyn Hatfield Local Plan has been submitted for independent examination

When the Inspector's Report of the Welwyn Hatfield Local Plan is published

Adoption of the Welwyn Hatfield Local Plan

Signature:

Date:

If you have any questions, please contact Planning Policy by email [localplan@welhat.gov.uk](mailto:localplan@welhat.gov.uk) or on **01707 357532**.

We want you to be able to access information and services as easily as possible, in ways that suit you. We can provide information in different formats or give other assistance where needed.

Please call **01707 357000** or email [contact-whc@welhat.gov.uk](mailto:contact-whc@welhat.gov.uk).