

# Local Plan Publication Stage Representation Form

## The Ryedale Plan: Local Plan Sites Document and Policies Map

For Office Use Only
Date received
Ref. No.
Acknowledged

Please return the completed form by 4.30pm on Friday 22 December 2017 to:

Jill Thompson  
Specialist Place Team  
Ryedale District Council,  
Ryedale House,  
Malton,  
North Yorkshire,  
YO17 7HH

This form can be filled in electronically and e-mailed to:  
[localplan@ryedale.gov.uk](mailto:localplan@ryedale.gov.uk)  
we have also published an online form at:  
[www.ryedaleplan.org.uk/local-plan-sites-publication](http://www.ryedaleplan.org.uk/local-plan-sites-publication)

This form has two parts:

- Part A – Personal Contact Details.
- Part B – Your representation(s). Please fill in a separate sheet for each representation.

### PART A

#### 1. Personal Details\*

\* If an agent is appointed, please complete only the Title, Name, and Organisation boxes below but complete the full contact details of the agent in 2.

#### 2. Agent's Details

(if applicable)

<b>Title</b>		
<b>First Name</b>		
<b>Last Name</b>		
<b>Job Title</b> (If relevant)		
<b>Organisation</b> (If relevant)		
<b>Address – line 1</b>		
<b>Address – line 2</b>		
<b>Address – line 3</b>		
<b>Address – line 4</b>		
<b>Postcode</b>		
<b>Telephone</b>		
<b>E-mail address</b>		

## PART B - Please use a separate sheet for each representation

Name or Organisation \_\_\_\_\_

3. To which part of the document or map does this representation relate?

Please tick the document and indicate the specific policy, paragraph, table or map you are commenting upon.

<b>Policy</b>	<input type="text"/>
<b>Paragraph/Table</b>	<input type="text"/>
<b>Policies Map</b>	<input type="text"/>

4. Do you consider the document is:

Please tick as appropriate

- |  |     |    |
|--|-----|----|
| a. Legally Compliant                       | Yes | No |
| b. Sound                                   | Yes | No |
| c. Complies with the<br>Duty to Co-operate | Yes | No |

Please see next page to fill in your comments

5. Please give details of why you consider the document is not legally compliant or is unsound or fails to comply with the duty to co-operate. Please be as precise as possible.

If you wish to support the legal compliance or soundness of the document or its compliance with the duty to co-operate, please use this box to set out your comments.

6. Please set out what modification(s) you consider necessary to make the document legally compliant or sound, having regard to the matter you have identified at question 5 above where this relates to soundness. (NB Please note that any non-compliance with the duty to co-operate is incapable of modification at examination). You will need to say why this modification will make the document legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text. Please be as precise as possible.

*Please Note: Your representation should cover succinctly all the information, evidence and supporting information necessary to support / justify the representation and the suggested modification as there will not normally be a subsequent opportunity to make further representations based on the original representation at publication stage.*

**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.**

7. If your representation is seeking a change, do you consider it necessary to participate at the oral part of the Examination?

**No**  
I do not wish to participate at the oral part of the Examination

**Yes**  
I wish to participate at the oral part of the

8. If you wish to participate at the oral part of the Examination, please outline why you consider this to be necessary:

*Please Note:*

*The Inspector will determine the most appropriate procedure to adopt to hear who have indicated that they wish to participate at the oral part of the Examination.*

**Signature**

*If you are filling in this form electronically by typing your name in this box you are stating to the best of your knowledge all the above information is correct*

**Signature**

**Date**

**Data Protection:**

*Ryedale District Council is a registered data controller, with the Information Commissioner's Office, as defined by the Data Protection Act 1998. By submitting your details to the Council you are consenting to your information being used for the preparation of the Ryedale Plan Local Plan Sites Document and Policies Map. Please be aware that representations made at Publication Stage cannot remain anonymous. Your response, including your name and address will be made available to view on the website and as part of the examination in public. However, the Council will redact your email address, phone number and signature before your representations are made publically available. Ryedale District Council will need to share you details with the planning inspector appointed to examine the documents, however, the Council will not pass your information onto other third parties unless it has a legal obligation to do so (ie crime prevention). Please be aware that RDC officers may need to contact you as part of this consultation process and a Programme Officer assisting the Planning Inspector may need to contact you as part of the examination process. For further information or clarification on this matter please contact Jill Thompson on 01653 600 666 ext 327 .*