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Central Park Area Action Plan

Submission Stage Response Form

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|---|---|
| Your Name: Mr/Mrs/Ms/Miss _____ | Organisation/Company/Individual represented: (if applicable) _____ |
|---|---|

If you are the respondent fill in box A.
If you are an agent put *your* details in box A and those of your client in box B.

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|--|---|
| A Your Address Post Code: Telephone No: Fax No: E-mail: | B Client Address if different from A Post Code: Telephone No: Fax No: E-mail |
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|--|--|
| Is the plan: Unsound? <input type="checkbox"/> (This means you think the plan fails the test of soundness and you want to propose changes) | Or: Sound? <input type="checkbox"/> (This means you support the plan and do not want to propose changes) |
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Please state which Test of Soundness and part of the plan your representation relates to. Please complete a separate form for each matter.

The test of soundness are listed on the opposite page, for further guidance a leaflet is available.

| | | |
|------------------------------|-------------------|----------------------|
| Test of Soundness No: | Policy No: | Paragraph No: |
|------------------------------|-------------------|----------------------|

Other/Omission from the Plan (Please specify)

If you wish to be notified of further progress of this document by the Council please tick here

Did you raise the same matter you are raising now at an earlier stage of this process with Plymouth City Council?

No Yes (at issues and option stage) Yes (at preferred option stage)

If No can you explain why you have not raised your matter at a previous stage:

In order to assess the soundness of the Central Park Area Action Plan an independent Inspector will be appointed on behalf of the Secretary of State.

Can your representation seeking a change be made by completing this form, or do you consider it necessary to participate at the examination?

I have made my representation by writing on this form

I wish to present my representation at the Examination. Please outline reason below.

I consider it necessary to present my representation at a Public Local Examination because:

(The Inspector will determine the most appropriate procedure to adopt to hear those who have indicated that they wish to attend the Examination)

Note: If you do not wish to attend the Public Examination, your written representation will carry the same weight as those who appear.

Please give details of what change(s) you consider necessary to make the Plan sound, having regard to the test you have identified above. You will need to say why this change will make the Plan sound. Please be as precise as possible.

If you think the DPD is sound, you may choose to state why you think it is sound here.

DATA PROTECTION NOTICE: Information given on this form will be used when addressing representations on the Central Park Area Action Plan. Please be aware that your representations, including personal details, will be made publicly available.

