



MELTON LOCAL PLAN – PRE SUBMISSION DRAFT (NOVEMBER 2016)

For official use only
Respondent Ref:
Date Received:

Melton Borough Council proposes to submit the Melton Local Plan (MLP) to the Secretary of State of Communities and Local Government for independent examination. Before submitting the MLP, the Council is required to publish the document and invite the public to make representations on its 'soundness'. The MLP, once adopted will be the development plan for Melton Borough.

This form has two parts:

- Part A: Personal Details
- Parts B and C: Your representation(s).

When making representations, please use a separate Part B form for each policy or paragraph you wish to comment on. Before completing the form you should read the accompanying Guide to Making Representations. Please ensure that your representation relates to the correct test of soundness (details can be found in the Guide to Making Representations)

Completed forms should be returned to the address below no later than Monday 19th December, 2016. Representations received after this deadline will not be accepted.

Planning Policy Team
Regulatory Services
Melton Borough Council
Parkside, Station Approach
Melton Mowbray
Leicestershire
LE13 1GH

Alternatively, you can access this form on the Council's website
http://www.melton.gov.uk/localplan/site/index.php and print it out or complete it electronically and e-mail your response to
planningpolicy@melton.gov.uk
Representations can also be made via the Council's on-line consultation portal -
https://meltonboroughcouncil.citizenspace.com

PART A: ABOUT YOU/YOUR ORGANISATION (If you are an agent, please complete the personal details of your client in 1 and complete agent's details in 2).

1. Personal Details

Full Name:

Organisation (if applicable)

Address:

Postcode:

Email:

Contact Number:

2. Agent's Details (If applicable)

Full Name & Company:

Organisation/Client Representations on Behalf Of

Address:

Postcode:

Email:

Contact Number:

Number of Representations Enclosed:

Signature:

Date:

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Representation Ref:

Name/Organisation:

PART B: YOUR REPRESENTATION (This section will need to be completed for each representation made. Please photocopy or download from the council's website Part B of the form as required.)

3. Which part of the Melton Local Plan: Pre Submission Draft does your representation relate to? (Please enter the paragraph/policy number)

Paragraph:

Policy:

Policies Map:

4. Do you consider that the Melton Local Plan: Pre Submission Draft is? (Please tick the appropriate box)

1. Legally Compliant: Yes No

2. Sound: Yes No

3. Complies with Duty to Co-operate: Yes No

**The considerations in relation to the Local Plan being "sound" are explained in paragraph 182 of the National Planning Policy Framework. If you have entered "No" in relation to 4(2), please go to question 5. In all other circumstances, please go to question 6*

5. Do you consider that the Melton Local Plan: Pre Submission Draft is unsound because it is not any of the following? (Please tick the appropriate box)

1. Positively Prepared 2. Justified 3. Effective 4. Consistent with National Policy

6. Please give details of why you consider the Melton Local Plan: Pre Submission Draft 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 Melton Local Plan: Pre Submission Draft or its compliance with the Duty to Co operate, please use this box to set out your comments. (Please continue onto a separate sheet if you require more space)

7. Please set out what change(s) you consider necessary to make the Melton Local Plan: Pre Submission Draft legally compliant or sound, having regard to the test you have identified at 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 change will make the Melton Local Plan: Pre Submission Draft 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 continue onto a separate sheet if you require more space)

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

After this stage, further submissions will only be at the request of the Inspector based on the matters and issues they identify at the examination.

8. Can your representation seeking a change be considered by written representations or do you consider it necessary to participate at the oral part of the examination? (Please tick the appropriate box)

Written Representations

Participate at the Oral Examination

9. If you wish to speak at 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 those who have indicated that they wish to participate at the oral part of the examination.

PART C: WHO YOU REPRESENT

To help us collate the responses to this consultation, we would be grateful if you could tell us which category best describes who you are representing (Please tick the appropriate box)

- | | | | |
|-------------------------|--------------------------|------------------------------------|--------------------------|
| Melton Borough Resident | <input type="checkbox"/> | Planning Agent/Planning Consultant | <input type="checkbox"/> |
| Developer | <input type="checkbox"/> | Utility/Service Provider | <input type="checkbox"/> |
| Government Organisation | <input type="checkbox"/> | Amenity Group | <input type="checkbox"/> |
| Other Organisation | <input type="checkbox"/> | Residents Group | <input type="checkbox"/> |
| Business | <input type="checkbox"/> | Town/Parish Council | <input type="checkbox"/> |
| Other (Please state) | <input type="text"/> | | |

Do you want to have further involvement in the Melton Local Plan? (Please tick the appropriate boxes)

- | | |
|--|--------------------------|
| If you wish to be notified at the address/e-mail provided in Part A when the Melton Local Plan is submitted to the Secretary of State for Communities & Local Government | <input type="checkbox"/> |
| If you wish to be notified at the address/e-mail provided in Part A when the Inspector's Report is available to view | <input type="checkbox"/> |
| If you wish to be notified at the address/e-mail provided in Part A when the Melton Local Plan is adopted | <input type="checkbox"/> |
| If you/your organisation wish to be included in future consultations on the Melton Local Plan | <input type="checkbox"/> |
| If you/your organisation do not wish to be included in future consultations on the Melton Local Plan | <input type="checkbox"/> |

Thank you for taking the time to submit representations on the Melton Local Plan: Pre Submission Draft (November 2016). It should be noted that representations cannot be treated as confidential.