**Representation Form Leicester City Council**

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|  | **Leicester Local Plan 2020 to 2036 Publication Plan**Main Modifications Consultation Representation Form | **Ref:****(For official use only)**  |
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| **Please return to Leicester City Council****You can scan and email this completed response form to** **planning.policy@leicester.gov.uk** **with the subject MMs Representation****-or- send this completed response form by mail to** **Leicester City Council, Planning, City Hall, 115 Charles Street, Leicester LE1 1FZ*****Privacy notice****When we use your personal data, Leicester City Council is what we call the data controller.**As the data controller, we must:** *only keep your data that we need to provide services and do what the law says we must*
* *keep your records safe and accurate*
* *only keep your data as long as we have to*
* *collect, store and use your data in a way that does not break any data protection laws.*

*Things you can do to help us:** *tell us when any of your details change; and*
* *tell us if any of the information we hold on you is wrong*

*For more information on our privacy notice please see out website at* [*https://www.leicester.gov.uk/your-council/how-we-work/our-website/privacy/*](https://www.leicester.gov.uk/your-council/how-we-work/our-website/privacy/) |
| This form has two parts –Part A – Personal Details: need only be completed once.Part B – Your representation(s). Please fill in a separate sheet for each representation you wish to make. |

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| **Part A** |
| 1. Personal Details\* |  |  |  |  |  | 2. Agent’s Details (if applicable) |
| \**If an agent is appointed, please complete only the Title, Name and Organisation (if applicable)**boxes below but complete the full contact details of the agent in 2.*  |
| Title |   |   |   |
|   |  |
| First Name |   |   |   |
|   |  |
| Last Name |   |   |   |
|   |  |
| Job Title  |   |   |   |
| (where relevant) |  |
| Organisation  |   |   |   |
| (where relevant) |  |
| Address Line 1 |   |   |   |
|   |  |
| Line 2 |   |   |   |
|   |  |
| Line 3 |   |   |   |
|   |  |
| Line 4 |   |   |   |
|   |  |
| Post Code |   |   |   |
|   |  |
| Telephone Number |   |   |   |
|   |  |
| E-mail Address |   |   |   |
| (where relevant) |  |

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| **Part B – Please use a separate sheet for each representation** |
| Name or Organisation: |
| 3. To which Main Modification does this representation relate? |
|  |
| Main Modification Reference Number |  |
| 4. Do you consider the Main Modification is: |
| 4.(1) Legally compliant4.(2) Sound | YesYes  |  |  | No No |  |
|  |  |
|  |  |
| Please tick as appropriate |

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| 5. Please give details of why you consider the Main Modification does not assist in achieving legal compliance or soundness or provide any other comments. Please be as precise as possible. |
| (Continue on a separate sheet /expand box if necessary) |
|  |
| 6. Please set out the change(s) to the Main Modification that you consider necessary to make it legally compliant and sound, in respect of any legal compliance or soundness matters you have identified at 5 above. You will need to say why each change will make the 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. Please be as precise as possible. |
| (Continue on a separate sheet /expand box if necessary) |

7. Do you have any comments on the Sustainability Appraisal, Habitats Regulations Assessment or Policies Map changes in respect of this particular Main Modification? Please put them in the box below.

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| (Continue on a separate sheet /expand box if necessary) |

***Please note*** *In your representation you should provide succinctly all the evidence and supporting information necessary to support your representation and your suggested modification(s). You should not assume that you will have a further opportunity to make submissions.*