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| **Borough Council of King’s Lynn and West Norfolk Local Plan 2021-2039** |  |
| **Representation Form**  Consultation on additional evidence base documents, September 2023  Closing date for submitting representations: **11:59pm, Friday, 20th October 2023** | |

**Part A**

**Section 1: Personal Details**

|  |  |
| --- | --- |
| **Title:** |  |
| **First Name:** |  |
| **Last Name:** |  |
| **Job Title (where relevant):** |  |
| **Organisation (where relevant):** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone:** |  |
| **Email:** |  |

**Section 2: Agent Details (if applicable)**

Please supply the details below of any agent you have working on your behalf**.**

|  |  |
| --- | --- |
| **Agent name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone number:** |  |
| **Email:** |  |

**Part B**

**Please fill in a separate form for each document**

**Section 3: Representations**

**Which Document are you responding on?**

|  |  |  |
| --- | --- | --- |
| **Examination Library ref** | **Document name** | **Paragraph No(s)** |
|  |  |  |

|  |
| --- |
| **Summary of Comments:**  Please be as precise as possible as to why you support or object to the evidence and/or any suggested main modifications to the Plan contained in the document, providing the relevant paragraph and/or policy number for each point. |
| (Continue on a separate sheet if necessary.) |

**Please note** you should cover succinctly all the information, evidence and supporting information necessary to support/justify your comments.

**Section 4: Examination Hearings**

**This consultation may be followed by further Examination Hearing sessions, at the discretion of the Planning Inspectors. Do you consider it necessary to participate in Examination Hearing sessions? *(Please select one answer)***

|  |  |  |  |
| --- | --- | --- | --- |
| No, I do not wish to participate at the Examination Hearing |  | Yes, I wish to participate at the examination hearing |  |

**Section 5: Data Protection**

**Do you wish to be notified further about the Local Plan Examination process, at any of the following stages?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Schedule of Main Modifications stage (following hearings) | Yes |  | No |  |
| Publication of Inspector’s Report | Yes |  | No |  |
| Adoption of Local Plan | Yes |  | No |  |

*In complying with the General Data Protection Regulation (UK GDPR) and Data Protection Act 2018, King’s Lynn and West Norfolk Borough Council confirms that it will process personal data gathered from this form only for the purposes relating to the consultation. It is intended to publish responses to this consultation on the Borough Council’s website. However, it should be noted that all personal information (except for names and organisation name, where appropriate) will not be published.*

*When you give consent for us to process data, you have the right to withdraw that consent at any time. If you wish to withdraw your consent, you must notify us at* [lpr@west-norfolk.gov.uk](mailto:lpr@west-norfolk.gov.uk) *or 01553 616200.*

**Section 6: Signature and Date of Representation**

|  |  |
| --- | --- |
| **Please sign and date below:** | |
| **Signature: (electronic signatures are acceptable)** |  |
| **Date:** |  |

Please note that, to be considered, your representation will need to be received by **11:59pm on** **Friday, 20th October 2023**.