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| **Borough Council of King’s Lynn and West Norfolk Local Plan 2021-2039**  |  |
| **Representation Form**Consultation on proposed Gypsy, Traveller and Travelling Showpeople site allocations options and supporting evidence base, January 2024Closing date for submitting representations: **11:59pm, Friday, 8th March 2024** |

**Part A**

**Section 1: Personal Details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Organisation (where relevant):** |  |
| **Address, including 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, including postcode:** |  |
| **Telephone:** |  |
| **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)** |
|  |  |  |

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| **Summary of Comments:**Please be as precise as possible as to why you support or object to the evidence and/or any suggested Gypsy, Traveller or Travelling Showpeople site allocations options, providing the relevant site reference and/ or paragraph (as appropriate).  |
| (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 *or 01553 616200.*

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

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

Please note that, to be considered, your representation will need to be received by **11:59pm on** **Friday, 8th March 2024**.