**City of London Local Plan**

Publication Stage Representation Form

City of London Corporation crest



Ref:

(for official use only

**Name of the Local Plan to which this representation relates: City of London City Plan 2036**

**Please return to the City of London Corporation by 6pm on 10 May 2021**

This form is in two parts:

**Part A** Personal Details

**Part B** Your representations(s). Please fill in a separate sheet for each representation you wish to make.

**Privacy Notice**

To ensure an open and fair public examination, it is important that the appointed Inspector and all other participants in the examination process know who has made representations on the draft City Plan 2036. All comments received, including the names of those making representations, will be made available in line with requirements in the Town and Country Planning (Local Planning) (England) Regulations 2012, including being published on the City Corporation’s website and being made available to the appointed Planning Inspector. In some cases, to administer and run virtual events by means of video or telephone conference, the Planning Inspectorate may need to know the email address and/or telephone number of those making representations. All other personal information will remain confidential and will be managed in line with the City Corporation’s Privacy Notice, which is available at: [Built Environment Privacy Notice](https://www.cityoflondon.gov.uk/assets/About-the-website/built-environment-privacy-notice.pdf)

The Planning Inspectorate has published a privacy statement for local plan examinations which is available at: [Planning Inspectorate Privacy Notice](https://www.gov.uk/guidance/local-plans#plans-privacy-statement)

**Part A**

1. Personal Details\*

\**If you appoint an agent, please complete only the Title, Name and Organisation (if applicable)*

*but complete the full contact details of the agent.*

First name:

Last name:

Address Line 1:

Line 2:

Line 3:

Line 4:

Post code:

Telephone number:

Email address where relevant:

2. Agents details where relevant:

First name

Last name

Address Line 1:

Line 2:

Line 3:

Line 4:

Post code:

Telephone number:

Email address where relevant:

Job Title where relevant:

Organisation where relevant:

**Part B – Please use a separate sheet for each representation**

Name or organisation:

3. To which part of the Local Plan does this representation relate?

Paragraph

Policy

Policies Map (A or B)

4.Do you consider the Local Plan is:

4.1 Legally compliant Yes No

4.2 Sound Yes No

4.3 Complies with the duty to co-operate Yes No

**Please add a x as appropriate**

5. Please give details of why you consider the Local Plan 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 Local Plan or its compliance with the duty to co-operate, please to set out your comments here

6. Please set out the modification(s) you consider necessary to make the Local Plan legally compliant and sound, in respect of any legal compliance or soundness matters you have identified at 5 above. (Please note that non-compliance with the duty to co-operate is incapable of modification at examination). You will need to say why each modification 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.

***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.*

***After this stage, further submissions may only be made if invited by the Inspector, based on the matters and issues he or she identifies for examination.***

7. If your representation is seeking a modification to the plan, do you consider it necessary to participate in examination hearing session(s)?

**Please add a x appropriate**

**No**, I do not wish to participate in hearing session(s)

**Yes**, I wish to participate in hearing session(s)

***Please note*** *that while this will provide an initial indication of your wish to participate in hearing session(s), you may be asked at a later point to confirm your request to participate.*

8. If you wish to participate in the hearing session(s), 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 in hearing session(s). You may be asked to confirm your wish to participate when the Inspector has identified the matters and issues for examination.*

9. Signature:

Date: