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| Enfield Council (@EnfieldCouncil) / X | | | **Enfield Local Plan 2019-2041**  Regulation 19 Consultation Stage Representation Form | | | | | | | | | **Our Ref:**  **(For official use only)** | | |
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| **Enfield Local Plan Regulation 19 Consultation** | | | | | | | | | | Public response form | | | | |
| **Please return this form in .docx format to London Borough of Enfield by emailing to** [**localplan@enfield.gov.uk**](mailto:localplan@enfield.gov.uk) **by 11:59pm 20 May 2024. Please do not include pdfs.** | | | | | | | | | | | | | | |
| *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. *Please do not include any personal details on this sheet as this will invalidate your response.* | | | | | | | | | | | | | | |
| **Part A: Personal Details** | | | | | | | | | | | | | | |
| **1. Personal Details\*** | | | |  | | | |  | 2. Agent’s Details  (if applicable) | | | | |
| ***Please note:*** *your name and response will be made publicly available but not your other personal details. This is in line with GDPR legislation and is a requirement of the Town and Country Planning (Local Planning) (England) Regulations 2012. Please note that if you do not submit contact details your representation will not be able to be considered by the Inspector.* | | | | | | | | | \**If an agent is appointed, please complete only the Title, Name and Organisation in the boxes below but complete the full contact details of the agent in 2. Please submit in .docx format rather than PDF.* | | | | | |
| First Name | | | | Click or tap here to enter text. | | | |  | Click or tap here to enter text. | | | | | |
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| Last Name | | | | Click or tap here to enter text. | | | |  | Click or tap here to enter text. | | | | | |
|  | | | | | | | | |  | | | | | |
| Job Title | | | | Click or tap here to enter text. | | | |  | Click or tap here to enter text. | | | | | |
| (where relevant) | | | | | | | | |  | | | | | |
| Organisation | | | | Click or tap here to enter text. | | | |  | Click or tap here to enter text. | | | | | |
| (where relevant) | | | | | | | | |  | | | | | |
| Address Line 1 | | | | Click or tap here to enter text. | | | |  | Click or tap here to enter text. | | | | | |
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| Line 2 | | | | Click or tap here to enter text. | | | |  | Click or tap here to enter text. | | | | | |
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| Line 3 | | | | Click or tap here to enter text. | | | |  | Click or tap here to enter text. | | | | | |
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| Line 4 | | | | Click or tap here to enter text. | | | |  | Click or tap here to enter text. | | | | | |
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| Post Code | | | | Click or tap here to enter text. | | | |  | Click or tap here to enter text. | | | | | |
|  | | | | | | | | |  | | | | | |
| Telephone Number | | | | Click or tap here to enter text. | | | |  | Click or tap here to enter text. | | | | | |
| And/or | | | | | | | | |  | | | | | |
| E-mail Address | | | | Click or tap here to enter text. | | | |  | Click or tap here to enter text. | | | | | |
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| **Part B: Please use a separate sheet for each representation** | | | | | | | | | | | |
| **2. Full Name or Organisation:**   |  | | --- | | Click or tap here to enter text. |   ***PLEASE NOTE:*** *DO NOT INCLUDE OTHER PERSONAL DETAILS SUCH AS YOUR ADDRESS OR OTHER IDENTIFICAITON IN THE SECTIONS BELOW OR YOUR RESPONSE WILL BE INVALID* | | | | | | | | | | | |
| **3. To which part of the Local Plan does this representation relate?**  ***PLEASE NOTE:*** *THIS QUESTION IS REQUIRED AND SHOULD BE ANSWERED FOR EACH SEPARATE SHEET PROVIDED.* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Policy number e.g. TC3** | Click or tap here to enter text. | | | **Paragraph number in policy** | Click or tap here to enter text. | **Site allocation reference e.g. SA1.1** | | | | Click or tap here to enter text. | |
| **or please mark x instead if your response is not specific / relates to the whole plan.**  **4. Do you consider the Local Plan is: *please mark your response marking x in a box***   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 4.(A) Legally compliant | Yes |  | No |  | | 4.(B) Sound | Yes |  | No |  | | | | | | | | | | | | |
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| **5. Please give details of why you consider the Local Plan is not compliant with relevant legislation, or does not meet the tests of soundness set out in the NPPF, or fails to comply with the duty to co-operate. Please be as precise as possible making reference to specific aspects of the plan and relevant legislation and policy.**  If you wish to support the legal compliance or soundness of the Local Plan or its compliance with the duty to co-operate, please also use this box to set out your comments.  *Please note this section must be submitted as an MS Word document rather than a PDF.* |
| Legal compliance-  Click or tap here to enter text.  (please continue on a separate sheet /expand box if necessary) |

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| 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.**  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 this section must be submitted as an MS Word document rather than a PDF.* |
| Modifications-  Click or tap here to enter text.  (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.*  ***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.*** |

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| **7. If your representation is seeking a modification to the plan, do you consider it necessary to participate in examination hearing session(s)?**  ***Please mark your response marking x in a box*** | | | | |
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|  |  | **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 this section must be submitted as an MS Word document rather than a PDF.* | | | | |
| Hearing sessions-  Click or tap here to enter text. | | | | |
| ***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.* | | | | |