

Part B - Please use a separate sheet for each representation

Name of Organization					
Name or Organisation:					
3. To which part of the Local Plan does this representation relate?					
Paragraph Pol	DS4	Policies Map			
4. Do you consider the Local P	lan is :				
(1) Legally compliant	Yes		No		
(2) Sound	Yes		No		
(3) Complies with the Duty to co-operate	Yes		No		
Please tick 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 also use this box to set out your comments.					
See attached representation.					
(Continue on a separate sheet /expand box if necessary)					

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.



See attached representation

		eet /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 o Inspector, based on the matters and issues examination.					
7. If your representation is seeking a modification to the plan, do you consider it necessary to participate in examination hearing session(s)?					
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:					
See attached representation					



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.

Representations cannot be kept confidential and will be available for public scrutiny, including your name and/or organisation (if applicable). However, your contact details will not be published.

Data Protection

Your details will be added to our Local Plans Consultation database so that we can contact you as the review progresses. South Staffordshire Council will process your personal data in accordance with the Data Protection Act 2018 and the General Data Protection Regulations (GDPR). Our Privacy Notice can be viewed at https://www.sstaffs.gov.uk/planning/strategic-planning-data-protection.cfm

Please return the form via email to localplans@sstaffs.gov.uk or by post to South Staffordshire Council, Community Hub, Wolverhampton Road, Codsall, South Staffordshire WV8 1PX