

	<p><b>Local Plan</b> Publication Stage Representation Form</p>	<p><b>Ref:</b></p> <p><b>(For official use only)</b></p>
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**Name of the Local Plan to which this representation relates:**

**South Staffordshire Council  
Local Plan 2023 - 2041**

**Please return to South Staffordshire Council by 12 noon Friday 31 May 2024**

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.

## Part A

### 1. Personal Details\*

*\*If an agent is appointed, please complete only the Title, Name and Organisation (if applicable) boxes below but complete the full contact details of the agent in 2.*

### 2. Agent's Details (if applicable)

Title	<input type="text" value="Mr"/>	Miss	<input type="text"/>
First Name	<input type="text" value="Joe"/>	Chloe	<input type="text"/>
Last Name	<input type="text" value="Jones"/>	Jonczyk	<input type="text"/>
Job Title (where relevant)	<input type="text"/>	Assistant Planning Consultant	<input type="text"/>
Organisation (where relevant)	<input type="text" value="Richborough Estates"/>	RCA Regeneration Ltd	<input type="text"/>
Address Line 1	<input type="text"/>	Unit 6 De Salis Court	<input type="text"/>
Line 2	<input type="text"/>	Hampton Lovett Industrial Estate	<input type="text"/>
Line 3	<input type="text"/>	Droitwich Spa	<input type="text"/>
Line 4	<input type="text"/>	Worcestershire	<input type="text"/>
Post Code	<input type="text"/>	WR9 0QE	<input type="text"/>
Telephone Number	<input type="text"/>	01905 887686	<input type="text"/>
E-mail Address (where relevant)	<input type="text"/>	chloejonczyk@rcaregeneration.co.uk	<input type="text"/>



# 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	Entire Document	Policy	Entire Document	Policies Map	Entire document
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4. Do you consider the Local Plan is :

(1) Legally compliant	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(2) Sound	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
(3) Complies with the Duty to co-operate	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

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.

Please refer to attached letter of 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.



Please refer to attached letter of representation.

(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.**

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:

Please refer to attached letter of 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 [Data Protection \(Strategic Planning\) | South Staffordshire District Council \(sstaffs.gov.uk\)](#)

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