**Worcestershire Minerals Local Plan**

Publication Version Representation Form

Please return to [minerals@worcestershire.gov.uk](mailto:minerals@worcestershire.gov.uk) or FREEPOST RTHC-XXCK-AJGY, Mineral Planning Policy, Worcestershire County Council, County Hall, Spetchley Road, Worcester, WR5 2NP.

All representations must be received by 5pm on the 30th September 2019.

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: Your Contact Details**

It is important that you fill in your contact details below; we cannot register your representation without your details. Please note that we will not be able to keep your representation or personal details confidential. We may also wish to contact you to clarify your representation.

|  |  |  |
| --- | --- | --- |
|  | Your details | Agents details (if applicable) |
| Name | Click here to enter text. | Click here to enter text. |
| Organisation | Click here to enter text. | Click here to enter text. |
| Address | Click here to enter text. | Click here to enter text. |
| Post Code | Click here to enter text. | Click here to enter text. |
| Email address | Click here to enter text. | Click here to enter text. |

|  |  |
| --- | --- |
| Signature | Click here to enter text. |
| Date | Click here to enter text. |

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

|  |  |
| --- | --- |
| Name or organisation | Click here to enter text. |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Paragraph | Click here to enter text. | Policy | MLP17 | Policies Map | Click here to enter text. | Figure | Click here to enter text. |

1. Do you consider the Local Plan is: (please tick as appropriate)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Legally compliant | Yes |  | No |  |
| Sound | Yes |  | No |  |
| Positively prepared | Yes |  | No |  |
| Justified | Yes |  | No |  |
| Effective | Yes |  | No |  |
| Consistent with national policy | Yes |  | No |  |
| Compliant with the Duty to cooperate | Yes |  | No |  |

1. 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.

|  |
| --- |
| Policy MLP17, as written the policy does not preclude permitting mineral development that does not make prudent use of natural resources. |

1. 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.

|  |
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| Mineral development will only be permitted where it is demonstrated that the proposed development will make prudent use of natural resources. |

***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.**

1. 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.

1. If you wish to participate in the hearing session(s), please outline why you consider this to be necessary:

|  |
| --- |
| Click 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.

|  |  |
| --- | --- |
| Signature | Click here to enter text. |
| Date | Click here to enter text. |