

**Proposed Submission Plan:MK October 2017:**

**PLAN:MK RESPONSE FORM**

The best way to comment on the Proposed Submission Plan:MK October 2017 is online at:

<http://miltonkeynes.objective.co.uk/portal/>

Alternatively, this form is provided to enable you to submit representations on the proposals set out within the Proposed Submission Plan:MK October 2017 either by email or by post.

**HOW TO REPLY**

This form has two parts. Both parts should be completed:

PART A – Your contact details

PART B – Your response

Forms should be returned to Milton Keynes Council (MKC) **no later than 5pm on 20**

**December 2017** by:

**Email:** planmk@milton-keynes.gov.uk

**Post:** Development Plans Team, Growth, Economy and Culture, Milton KeynesCouncil, Civic Offices, 1 Saxon Gate East, Central Milton Keynes, MK9 3EJ.

Further guidance on making representations to the Proposed Submission Plan:MK

October 2017 consultation is provided in the following two documents, which are

available via MKC’s’s online consultation portal

[(http://miltonkeynes.objective.co.uk/portal/](http://miltonkeynes.objective.co.uk/portal/)), at the Civic Offices and at public

libraries.

* Statement of Representations Procedure
* Guidance Notes for Respondents

If you have any queries about this process please contact the Development Plans team at the address above, via email at planmk@milton-keynes.gov.uk, or by telephone on 01908 252358.

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**PART A - CONTACT DETAILS**

Please note that only your name and organisation name will be published on our online consultation portal. However, we require a full postal address in order to register your comment. We will not accept anonymous responses. If you are an Agent responding on behalf of a third party, please provide full contact details for the third party within Box 1.

**BOX 1 RESPONDENT’s details**

**Name:**

**Organisation (if applicable):**

**Position (if applicable):**

**Address:**

**Postcode:**

**Telephone:**

**Email:**

**BOX 2 AGENT’s details**

**Name:**

**Organisation (if applicable):**

**Position (if applicable):**

**On behalf of:**

**Address:**

**Postcode:**

**Telephone:**

**Email:**

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**PART B – REPRESENTATION**

If you are making representations on more than one Chapter, section or Policy of the plan, please fill in a separate ‘Part B’ sheet for each representation.

Your representation should succinctly cover all the information and evidence necessary to justify your representation and/or any suggested modifications, as there will not normally be a subsequent opportunity to make further representations.

Where relevant please submit evidence to support your representation on the soundness and/or legal compliance of the Proposed Submission Plan:MK October 2017. Any supporting evidence can be attached to this form or submitted as a separate document.

If you are proposing modifications to the Proposed Submission Plan:MK October 2017 to address issues of soundness or legal compliance, your representation should cover all the information, evidence and supporting information necessary to support/justify the representation and the suggested change.

1. **Please state which part of the Proposed Submission Plan:MK October 2017 document this representation relates to.** (*If you wish to make representations on**more than one part please fill in a separate ‘Part B’ sheet for each representation)*

**Paragraph**

**Policy**

**Policies Map**

**Schedule – Section**

**or Map**

**Table**

**Figure**

**Appendix**

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1. **Do you consider the Proposed Submission Plan:MK October 2017 to be legally compliant?**

Yes No

**If NO, is this because it is NOT:**

*(Please tick all that you think apply)*

* Prepared in accordance with the Local Development Scheme
* Prepared in accordance with the Statement of Community Involvement
* Consistent with the regulatory requirements for consultation
* Compliant with the Duty to Co-operate
* Accompanied by a compliant Sustainability Appraisal

**Please give details of why you consider the Proposed Submission Plan:MK October 2017 is not legally compliant. Please be as precise as possible.**

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1. **Do you consider the Proposed Submission Plan:MK October 2017 to be sound?**

Yes No

**If NO, is this because it is NOT:**

(*Please tick all that you think apply)*

* Positively prepared
* Justified
* Effective
* Consistent with national policy

**Please give details of why you consider the Proposed Submission Plan:MK October 2017 is not sound. Please be as precise as possible.**

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1. **Please set out the changes that you consider are necessary to make the Proposed Submission Plan:MK October 2017 legally compliant and/or sound, including revised wording of any policy or text, and reasons why the proposed change would make it legally compliant and/or sound. Please be as precise as possible.** *(Please note that any non-compliance with the Duty to Co-operate cannot**be rectified at the examination.)*

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1. **If your representation is seeking a change, do you consider it necessary to take part and speak at the examination hearing(s) if invited to do so by the Inspector?**

Yes No

**If you wish to take part in the examination hearing(s), please outline why you consider this to be necessary:** *(Please note the Inspector will determine who will**be invited to be heard at the examination hearing(s))*

1. **Do you wish to be notified of any of the following?** *(Please tick all that apply)*
* When Plan:MK 2016-2031 is submitted for independent examination
* When the Inspector’s report on Plan:MK 2016-2031 is published
* Adoption by MKC of Plan:MK 2016-2031

**Signature**

**Date**

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