Name of the Local Plan to which this representation relates:

Part 2 Local Plan for Corby Publication Draft (Pre-Submission)

Please return to LocalPlans.Consultation@corby.gov.uk By 5pm on Monday 16th 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

<table>
<thead>
<tr>
<th>1. Personal Details*</th>
<th>2. Agent’s Details (if applicable)</th>
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<tbody>
<tr>
<td>*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.</td>
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<th>Title</th>
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<td>First Name</td>
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<td>Last Name</td>
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<tr>
<td>Job Title (where relevant)</td>
<td>Chairman Cottingham PC</td>
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<td>Organisation (where relevant)</td>
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<td>Post Code</td>
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<td>Telephone Number</td>
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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 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.

9. Signature:  Date: 3/7/19
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  Policy Policies Map

4. Do you consider the Local Plan is:

4.(1) Legally compliant
Yes  ❑ No  ❑

4.(2) Sound
Yes  ❑ No  ❑

4.(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.

None

(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.