**Ref:**

(For official use only)

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| **Bootle Area Action Plan - Publication Draft**  **Representations (Comments) Form** | | | | | | |
| **Please return to Sefton Council, Planning Department, Magdalen House, Trinity Road, Bootle L20 3NJ or** [**BootleAAP@sefton.gov.uk**](mailto:BootleAAP@sefton.gov.uk) **by Monday 11th November 2024.**  Your personal data will only be used as part of the Council’s statutory planning duties. Comments will be published and made available for others to see and copy. We will publish your name with your comment, although we will not publish your contact details. For more information on how we deal with personal data please see [www.sefton.gov.uk/PlanningGDPR](https://www.sefton.gov.uk/planning-building-control/how-we-use-your-personal-information-in-planning/) | | | | | | |
| This form has two parts:  Part A – Personal Details: need only be completed once.  Part B – Your comment(s). You may wish to use a separate sheet for each comment you wish to make. | | | | | | |
| **Part A - Personal Details** | | | | | | |
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Title: \_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation (if relevant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On behalf of (if relevant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Part B – Your comments** |
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| To which part of the Bootle AAP does this representation relate? Please specify which section, policy, paragraph, plan allocation, designation or other aspect of the Bootle AAP that your comment relates to.  Section/policy/paragraph/allocation/designation/other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Do you consider the Bootle AAP is (Please tick as appropriate):   |  |  |  | | --- | --- | --- | | Legally compliant | Yes 🞏 | No 🞏 | | Sound | Yes 🞏 | No 🞏 | | Complies with the Duty to co-operate | Yes 🞏 | No 🞏 | |

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| Please give details of why you consider the Bootle AAP 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. |
| over>  (Continue on a separate sheet if necessary) |

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| Please set out the modification(s) you consider necessary to make the Bootle AAP 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 Bootle AAP 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. | | | | |
| (Continue on a separate sheet 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.*** | | | | |
| If your representation is seeking a modification to the plan, do you consider it necessary to participate in examination hearing session(s)? | | | | |
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|  |  | **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. | | | | |
| If you wish to participate in the hearing session(s), please outline why you consider this to be necessary: | | | | |
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| ***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.* | | | | |