

Neighbourhood Submission Form

Please use this form to submit your comments on the submitted neighbourhood plan. Please remember that the examiner is only testing whether the plan meets the basic conditions and other relevant legal requirements set out in the Localism Act.

To which part of the neighbourhood plan does this representation relate? (please select one answer)						
Paragraph O Policy O Map						
Please provide details of the paragraph, policy or map to	p your comments relate					
Is your representation (please select one answer)						
Supporting	O					
Objecting	O					
Commonting						



ease give details of the grounds you are objecting to the specif eas of the plan. Please be as precise as possible. If you wish to pport/comment on the plan, also use this box to set out your omments.					

Please note your representation should cover succinctly all the information evidence and supporting information necessary to support/justify the representation and the suggested change, as there will not normally be subsequent opportunity to make further representations based on the original representation at publication stage. After this stage, further submissions will be only at the request of the Inspector, based on the matters and issues he/she identifies through the examination.				
Please set out what change(s) you consider necessary to make the plan able to proceed, related to the objection you have raised. You will need to say why this change will enable the plan to proceed. 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 provide any information to support your comments.				



The majority of examinations are expected to be thr ough written representations. However should the Inspector decide there is a need for an oral examination, please state below whether you would like to participate
If an oral examination is necessary would you like to participate? (please select one answer)
No, I do not wish to participate at an oral examination \bigcirc
Yes, I wish to participate at an oral examination
Please note the Inspector will determine whether an oral examination is necessary.
If an oral examination is require, please outline why you consider that your participation is necessary
If you would like to be notified of South Oxfordshire District Council's decision to 'make' the plan, please tick this box.
Please notify me \square



Thank you for completing the response form. If completing this form online you can save a draft or submit a final version. If submitting by post or e-mail please send comments as an attachment through to planning.policy@southoxon.gov.uk or postal address Planning Policy, South Oxfordshire District Council, 135 Eastern Avenue, Milton P ark, Abingdon, OX14 4SB.