Title

Title

First Name

First Name

Last Name

Last Name

Organisation (where relevant)

Address Line 1

Organisation (where relevant)

Address Line 1

Address Line 2

Address Line 2

Address Line 3

Address Line 3

Post Code

Post Code

Email

Email

For internal use only

ID

Rep No:

**Proposed Submission Draft**

**Harborough Local Plan 2020-2041**

**Representation Form**

**1. Personal details**

**2. Agent’s details (if applicable)**

**Part A:**

**Part A only needs to be completed once**

**The consultation is open from 9am on Monday 10 March and closes at 9am on Tuesday 6 May 2025. Forms received after the closing date cannot be considered.**

**This form has two parts, A & B. Part A only needs to be completed once. Please complete Part B for each Policy you wish to comment on.**

Please send completed forms by email to [**localplan@harborough.gov.uk**](mailto:localplan@harborough.gov.uk) or by post to: Strategic Planning, Harborough District Council, The Symington Building, Adam and Eve Street, Market Harborough, Leicestershire, LE16 7AG.



**Representation Form**

You do not need to return this form if you have sent the same response using the Council’s online form for this consultation. Duplicates will not be considered.

**Which part of the Local Plan document does this representation relate to?**

*E.g. Paragraph/Policy/Map/Other*

**Do you consider the Local Plan to be legally compliant?**

No

Yes

**Do you consider the Local Plan is sound?**

No

Yes

**Does it comply with the Duty to Cooperate?**

No

Yes

**If you do not consider the Local Plan is sound, please specify on what grounds:**

Effective

Consistent with National Policy

Positively prepared

Justified

Please give details below why you consider the Local Plan is not legally compliant or is unsound or fails to comply with the statutory Duty to Cooperate. 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 statutory Duty to Cooperate, please also use this box to set out your comments.

*Continue on next page*

**Part B:**

xx

**Please complete a new Part B form for every Policy/Map/Paragraph you wish to comment on**

**If your representation is more than 100 words, please provide a brief summary here:**

*Continue on a separate sheet/ expand box if necessary*

**Please specify the modifications needed to make the Local Plan sound/legally compliant** (Please note any non-compliance issue relating to the statutory Duty to Cooperate cannot be resolved through modification at examination).

**If your representation is suggesting a modification do you wish to participate at the oral**

**hearing part of the examination?**

No

Yes

**If Yes - you wish to participate at the oral hearing part of the examination, 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 at the oral part of the examination.*

**Do you wish to be notified?**

When the Plan is submitted for independent examination?

When the Inspector’s Report is published?

When document is adopted?

**Please return completed forms no later than**

**9am on Tuesday 6 May 2025.**

*Continue on a separate sheet/ expand box if necessary*