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Representation # _____	

PIMPERNE NEIGHBOURHOOD PLAN

Regulation 16 Consultation 11 May to 22 June 2018

Response Form

The proposed Pimperne Neighbourhood Plan has been submitted to North Dorset District Council for examination. The neighbourhood plan and all supporting documentation can be viewed on the District Council's website via: www.dorsetforyou.gov.uk/planning/north-dorset/planning-policy

Please return completed forms to:

Email: planningpolicy@north-dorset.gov.uk

Post: Planning Policy (North Dorset), South Walks House, South Walks Road, Dorchester, Dorset, DT1 1UZ

Deadline: 4pm on Friday 22 June 2018. Representations received after this date will not be accepted.

Part A – Personal Details

This part of the form must be completed by all people making representations as **anonymous comments cannot be accepted**. By submitting this response form you consent to your information being disclosed to third parties for this purpose, personal details will not be visible on our website, although they will be shown on paper copies that will be sent to the independent examiner and available for inspection. Your information will be retained by the Council in line with its retention schedule and privacy policy (<https://www.dorsetforyou.gov.uk/privacypolicy>). Your data will be destroyed when the plan becomes redundant.

*If an agent is appointed, please complete only the Title, Name and Organisation boxes to the personal details but complete the full contact details of the agent. All correspondence will be sent to the agent.

	Personal Details (if applicable)*	Agent's Details (if applicable)*
Title	Sir	
First Name	David	
Last Name	Latham	
Job Title (where relevant)		
Organisation (where relevant)		
Address	██████████ ██████████	
Postcode	██████████	
Tel. No.	██████████	
Email Address	████████████████████	

Part B – Representation

1. To which document does the comment relate? *Please tick one box only.*

<input checked="" type="checkbox"/>	Submission Plan
<input type="checkbox"/>	Consultation Statement
<input type="checkbox"/>	Basic Conditions Statement
<input type="checkbox"/>	Other <i>Please specify:</i>

2. To which part of the document does the comment relate? *Please identify the text that you are commenting on, where appropriate.*

	<i>Location of Text</i>
Whole document	
Section	
Policy	Housing need, Settlement boundary and HSA2
Page	
Appendix	

3. Do you wish to? *Please tick one box only.*

<input type="checkbox"/>	Support
<input checked="" type="checkbox"/>	Object
<input type="checkbox"/>	Make an observation

4. Please use the box below to give reasons for your support/objection or make your observation.

1. See the representations my wife and I made at the consultation stage.

2. As far as housing need is concerned, we reiterate the concern that the need has been based on a pro rata distribution of the putative need generally in North Dorset as originally identified in the Local Plan which was not a proper assessment of local need, as required by the Local Plan, and in any event requires revision in the light of current proposals as to need on the one hand, and development and development applications since the adoption of the Local Plan on the other. The responses from the village have been coloured by the constantly repeated assertions from the Parish Council that the “need” is essentially a given, in accordance with government policy.

3. The inclusion of land north of Manor Farm Close will have a serious effect on the views of the village from the north, ie from the Higher Shaftesbury Road direction, which the Neighbourhood Plan itself recognizes as an important consideration, will impact the AONB, will adversely affect the Conservation area, and will therefore extend the village envelope into an inappropriate area.

Continue overleaf if necessary

5. Please give details of any suggested modifications in the box below.

Continue overleaf if necessary

6. Do you wish to be notified of the District Council's decision to make or refuse to make the neighbourhood plan? *Please tick one box only.*

x	Yes
	No

Signature: David Latham

Date: 22/6/18

If submitting the form electronically, no signature is required.

Please use this box to continue your responses to Questions 4 & 5 if necessary