

Area Plan for the South

Proposed Modifications - June 2012

Response Form

Please complete in BLOCK CAPITALS and in black ink.

This form has 2 parts:

Part A - Personal details (to be filled out once)

Part B - Your representation(s). Please fill in a separate sheet for each representation you wish to make.

For official use only

Customer number:

Date received:

Date acknowledged:

Part A Personal details

1. Personal details*

*If an agent is appointed, please complete only the Title, Name and Organisation boxes below but complete the full contact details of the agent in column 2.

2. Agent's details

Title	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>
Job title (where relevant)	<input type="text"/>	<input type="text"/>
Organisation (where relevant)	<input type="text"/>	<input type="text"/>
Address line 1	<input type="text"/>	<input type="text"/>
Address line 2	<input type="text"/>	<input type="text"/>
Address line 3	<input type="text"/>	<input type="text"/>
Address line 4	<input type="text"/>	<input type="text"/>
Post code	<input type="text"/>	<input type="text"/>
Telephone number	<input type="text"/>	<input type="text"/>
Email address (where relevant)	<input type="text"/>	<input type="text"/>
Customer number (if known)	<input type="text"/>	<input type="text"/>

Following the publication of the Inspector's report the Department has analysed the recommendations and has determined to produce a series of modifications to the Modified Draft Plan published in January 2011 to try, in most cases to accommodate the Inspector's recommendations.

These modifications are set out in the 'Modifications Table' and within this each modification is given a reference number.

Representations are now sought on these modifications and respondents are requested to complete the Part B of this form specifying which modification the representation relates to.

To assist understanding how these modifications will be incorporated into the Area Plan a 'track changes' version of the Plan as has been produced. However it is only the modifications on which representations are sought.

Following the closing date for representations the Department will determine what, if any, further changes are required to the Plan. Making a representation does not guarantee that a change will be made.



Putting the Customer **First**

Please note: Representations can only be made on the proposed modifications.

Name of organisation

3. To which modification does this representation relate to? (Please insert modification number)

Modification number (as given in modification table)

4. To which Section/Paragraph/Proposal/Map does this representation relate to?

Please insert relevant number

5. Is your representation:

An objection?

☐

(Please tick one box)

A statement of support?

☐

A comment?

☐

6. Please state clearly below any representations you wish to make on the section identified above.

Continue on a separate sheet if necessary.

7. Please set out below what change(s) you consider necessary to the Plan to satisfy your concerns.

Continue on a separate sheet if necessary.

Signature

Date

All responses and supporting information will be available for public viewing. Any queries please call 01624 685 950

Please return this completed form to: Planning Policy Team
Planning and Building Control Division
Department of Infrastructure
Murray House, Mount Havelock
Douglas, Isle of Man, IM1 2SF

or **email to:** planningpolicy@gov.im

to arrive no later than: 4.30pm Friday 29th June 2012

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Customer number:

Comment number:

Date comment logged: