

Chetwynd: The Toton and Chilwell Neighbourhood Plan (Regulation 16) Consultation Response Form



Broxtowe
Borough
COUNCIL

APPENDIX 2

Agent (if applicable)

Please provide your client's name	
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Your Details

Title	Mr	Mrs	Miss	Ms	Other:
Name	XX				
Organisation (if responding on behalf of an organisation)	Broxtowe Borough Council				
Address	Council Offices, Foster Avenue, Beeston, Nottingham				
Postcode	NG9 1AB				
E-mail address	xx@broxtowe.gov.uk				

Comments should be received by 22nd July 2022

Please state whether or not you would like to be notified of the local planning authority's decision (to 'make' or 'refuse' the Chetwynd: The Toton and Chilwell Neighbourhood Plan).

Yes ☐ No ☐ N/A

If you require any assistance in completing this form, please do not hesitate to contact the Planning Policy Team on 0115 917 3452 or 3015 or via email: policy@broxtowe.gov.uk.

For more information please visit:

www.broxtowe.gov.uk/chetwyndneighbourhoodplan

Data Protection - The comment(s) you submit on the Chetwynd: The Toton and Chilwell Neighbourhood Plan will be used in the plan process and may be in use for the lifetime of the Chetwynd: The Toton and Chilwell Neighbourhood Plan in accordance with the Data Protection Act 2018. The information will be analysed and the Council will consider issues raised. Please note that comments cannot be treated as confidential and will be made available for public inspection. All representations can be viewed at the Council Offices. A copy of Broxtowe Borough Council's Planning Policy Privacy Notice is available on our website at the following link: <https://www.broxtowe.gov.uk/for-you/planning/planning-policy/planning-policy-privacy-statement/>.

Please return completed forms to:

Planning Policy Team, Broxtowe Borough Council, Council Offices, Foster Avenue, Beeston, Nottingham, NG9 1AB or via email to: policy@broxtowe.gov.uk.

- 1. Please state which part of the Neighbourhood Plan (i.e. which policy, aspiration, section, objective or paragraph) your representation refers to (please complete a separate form for each representation)**

Please refer to accompanying letter.

- 2. Do you support, oppose, or wish to comment on this policy, aspiration, section, objective or paragraph? (select one)**

Support ☐

Support with
modifications ☒

Oppose ☐

Have Comments ☒

Please give details of your reasons for support/opposition, or make other comments here.

Please refer to accompanying letter.

This form is available in large print and other formats on request.

Please use a separate sheet of paper if required.