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| CDC b&w LOW res | **Representation Form**  A27 Chichester Bypass Mitigation Supplementary Planning Document Consultation | | | | | | | **Ref:**  **(For official use only)** |
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| The consultation on the draft Supplementary Planning Document (SPD) will run from 22 September 2023 to 3 November 2023. The document and more information on the consultation can be viewed on our website at [www.chichester.gov.uk/currentplanningpolicyconsultations](http://www.chichester.gov.uk/currentplanningpolicyconsultations)  **All comments must be received by 5pm on Friday 3 November 2023.**  There are a number of ways to submit your comments:   * Online via our consultation portal accessed via our website [www.chichester.gov.uk/currentplanningpolicyconsultations](http://www.chichester.gov.uk/currentplanningpolicyconsultations) **(Recommended)** * By emailing an electronic version of this form to [planningpolicy@chichester.gov.uk](mailto:planningpolicy@chichester.gov.uk) * By posting a copy of this form to us at: Planning Policy Team, Chichester District Council, East Pallant House, 1 East Pallant, Chichester, West Sussex, PO19 1TY   **How to use this form**  Please complete Part A in full. Please note anonymous comments cannot be accepted, a full address including postcode must be provided.  Please complete Part B overleaf, using a new form for each separate SPD section that you wish to comment on. Please identify which paragraph your comment relates to by completing the appropriate box.  For more information, or if you need assistance completing this form, please contact the Planning Policy Team by email at [planningpolicy@chichester.gov.uk](mailto:planningpolicy@chichester.gov.uk) or telephone 01243 785166. | | | | | | | | |
| **Part A** | | | | | | | | |
| 1. Personal Details\* | | |  |  |  | 2. Agent’s Details (if applicable) | | |
| \**If an agent is appointed, please complete only the Title, Name and Organisation (if applicable) boxes below but complete the full contact details of the agent in 2.* | | | | | | | | |
| Title | |  | | |  | |  | |
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| First Name | |  | | |  | |  | |
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| Last Name | |  | | |  | |  | |
|  | | | | | | |  | |
| Job Title | |  | | |  | |  | |
| (where relevant) | | | | | | |  | |
| Organisation | |  | | |  | |  | |
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| Address Line 1 | |  | | |  | |  | |
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| Line 2 | |  | | |  | |  | |
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| Line 4 | |  | | |  | |  | |
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| Telephone Number | |  | | |  | |  | |
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| **Part B**  Please use a new form for each representation that you wish to make. Please note anonymous comments cannot be accepted. Any personal information provided will be processed by Chichester District Council in line with the General Data Protection Regulations 2018. More information is available at: <http://www.chichester.gov.uk/dataprotectionandfreedomofinformation>. | | | | | |
|  | | | | | |
| 3. To which part of the SPD does this representation relate? | | | | | |
|  | | | | | |
| Section  Title |  | | | | |
| 4. Please indicate if you wish to: | | | | | |
| (a) Support  (b) Object | |  |  |  |  |
| (c) Comment | | | | | |
| Please tick as appropriate | | | | | |

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| 5. Please use this box to provide a short explanation for your response |
| Continue on a separate sheet /expand box if necessary |
| 6. Please provide details of any modification(s) you would like the Council to consider. Please be as precise as possible. |
| Continue on a separate sheet /expand box if necessary |