

Fairford Neighbourhood Development Plan:

pre-examination consultation

Regulation 16 Consultation

Neighbourhood Planning Regulations 2012

Fairford Town Council has prepared a Neighbourhood Development Plan. The Plan sets out a vision for the future of the parish and planning policies which will be used to determine planning applications locally.

The Neighbourhood Plan and supporting documents are available to view on our website

If you require a hard copy, please contact the Council and a hard copy can be provided at cost: £5 for the Neighbourhood Development Plan, £15 for the Plan and all the published supporting evidence.

All comments must be received by 12 noon on 13 December 2022. There are a number of ways to make your comments:

Complete this form and email it to: neighbourhood.planning@cotswold.gov.uk

Print the form and post it to: Neighbourhood Planning, Cotswold District Council, Trinity Road, Cirencester, GL7 IPX.

We will accept other comments in writing (including electronic, such as e-mail, provided that a name and address is supplied. We cannot accept anonymous comments.

All representations will be publicly available, and identifiable by name and (where applicable) organisation. Please note that your comments, name and address and, if applicable, organisation will be publicly available but your signature, email address and telephone number will be removed. Other personal information provided will be processed by Cotswold District Council in line with Data Protection legislation. To find out how we use your personal data, please view our privacy notice. Representations may include a request to be notified of the local planning authority's decision to make the plan under Regulation 19.

How to use this form

Please complete Part A in full, in order for your representation to be taken into account at the Neighbourhood Plan examination.

Please complete Part B, identifying which paragraph your comment relates to. Repeat this for subsequent comments relating to other sections of the plan.

Part A		
Full name:		
Address:		
Postcode:		
Telephone:		
Email:		
Organisation and position (if applicable):		
Date:		
Part B		
Which part of the document does your re	epresentation relate to?	
Paragraph number:		
Policy reference:		
Do you support, oppose, or wish to comm	ment on this paragraph? (Please	e tick)
Support \square Support with modifica	tions \square Oppose \square Have com	nment \square
Please give details of your reasons for supp	port or opposition or make co	mments:
What improvements or modifications wou	uld you suggest?	
Please make sure any additional pages are	clearly labelled	
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