



# PART B

*Please use a separate sheet for each representation*

Name or Organisation \_\_\_\_\_

### 3. To which part of the Helmsley Plan does this representation relate?

Paragraph	<input type="text"/>	Policy	<input type="text"/>	Policies Map	<input type="text"/>
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### 4. Do you consider the Helmsley Plan is:

a. Legally Compliant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Sound**	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Complies with the Duty to co-operate	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please tick as appropriate

### 5. Please give details of why you consider the Helmsley Plan is not legally compliant or is unsound or fails to comply with the duty to co-operate. Please be as precise as possible.

If you wish to support the legal compliance, soundness of the Helmsley Plan or its compliance with the duty to co-operate, please use this box to set out your comments.

6. Please set out what modification (s) you consider necessary to make the Helmsley Plan legally compliant or sound, having regard to the test you have identified at question 5 above where this relates to soundness. (NB Please note that any non-compliance with the duty to co-operate is incapable of modification at examination). You will need to say why this modification will make the Helmsley Plan legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text. Please be as precise as possible.

Continue on a separate sheet / expand box if necessary

**Please Note:** Your representation should cover succinctly all the information, evidence and supporting information necessary to support / justify the representation and the suggested modification, as there will not normally be a subsequent opportunity to make further representations based on the original representation at publication stage.

After this stage, further submissions will be only at the request of the Inspector, based on the matters and issues he / she identifies for the Examination.

7. If your representation is seeking a modification, do you consider it necessary to participate at the oral part of the Examination?

**No**  
I do not wish to  
participate at the oral  
Examination

**Yes**  
I wish to participate at  
the oral Examination

If you have selected “No”, your representation(s) will still be considered by the independent Planning Inspector by way of written representations.

8. If you wish to participate at the oral part of the Examination, please outline why you consider this to be necessary:

Continue on a separate sheet / expand box if necessary

**Please Note:**

The Inspector will determine the most appropriate procedure to adopt to hear those who have indicated that they wish to participate at the oral part of the Examination.

**Signature**

**Date**