

Please return this form with your representations to Planning Services by **5pm on Thursday 18th September 2014** either by email to [cil@bathnes.gov.uk](mailto:cil@bathnes.gov.uk) post to PO Box 5006, Bath, BA1 1JG

**This form has two main parts:**  
**Part A** – Personal Details  
**Part B** – Your representations(s)

Please fill in Part A once, and a separate sheet for each representation you wish to make on Part B.

**Please note all names and comments will be made publically available.**

### Part A

\* If an agent is appointed, please complete only the Title, Name and Organisation Boxes below but complete the full contact details of the agent

1.	Personal Details*	Agent Details
Title:	<input type="text"/>	<input type="text" value="Ms"/>
First Name:	<input type="text"/>	<input type="text" value="Felicity"/>
Last Name:	<input type="text"/>	<input type="text" value="Tozer"/>
Job Title: (where relevant)	<input type="text"/>	<input type="text" value="Senior Planner"/>
Organisation: (where relevant)	<input type="text" value="SW HARP Consortium"/>	<input type="text" value="Tetlow King Planning"/>
Address Line 1:	<input type="text"/>	<input type="text" value="Unit 2 Eclipse Office Park"/>
Address Line 2:	<input type="text"/>	<input type="text" value="High Street"/>
Address Line 3:	<input type="text"/>	<input type="text" value="Staple Hill"/>
Address Line 4:	<input type="text"/>	<input type="text" value="Bristol"/>
Postcode:	<input type="text"/>	<input type="text" value="BS16 5EL"/>

**2. If your representation is seeking a change, do you consider it necessary to participate at the public hearings part of the examination?**

- No, I do not wish to participate at the oral examination  
 Yes, I wish to participate at the oral examination

**3. If you wish to participate at the public hearings, please outline why you consider this to be necessary:**

We have requested a number of amendments to the evidence base, and will review our position once the Council have responded.

Signature:

Date:

**Part B: Representations**

**Comments:**

Please see attached letter

*Continue on a separate sheet if necessary. Please include your name/organisation on each separate sheet used.*

**Please note** that 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.

Representations may be accompanied by a request to be notified at a specified address of any of the following: that the Draft Charging Schedule has been submitted for independent examination; the publication of the recommendations of any person appointed to carry out an independent examination of the Draft Charging Schedule and the reasons behind those recommendations; and the approval of the Charging Schedule.

If you would like help completing this form or need more copies, please ring the Planning Policy Team on 01225 477548. More information can also be found at [www.bathnes.gov.uk/CIL](http://www.bathnes.gov.uk/CIL)