**Part B Commenting on the Local Plan**

The information you provide in part B here will be published anonymously

Please use a separate copy of the Part B form for each individual representation or comment that you wish to make. You must also complete and attach one copy of Part A of this form.

|  |  |
| --- | --- |
| 1. Your details (please ensure these are the same as those provided in Part A) | |
| Name: | Organisation (if applicable): |
|  |  |

|  |  |
| --- | --- |
| 2. To which part of the Local Plan does this representation relate? | |
| Paragraph No or Policy No |  |
| Policies Map Name/No |  |

|  |  |  |
| --- | --- | --- |
| 3a. Do you consider this paragraph or policy of the Local Plan to be:  Please refer to guidance note at: [www.scilly.gov.uk/local-plan-consultation-2019](http://www.scilly.gov.uk/local-plan-consultation-2019) for an explanation of these terms. | | |
|  | Yes | No |
| Legally compliant |  |  |
| Complies with the duty to co-operate |  |  |
| Sound |  |  |

|  |  |
| --- | --- |
| 3b. If you think this paragraph or policy of the Plan is not sound, this is because: | |
| It is not justified |  |
| It is not effective |  |
| It is not positively prepared |  |
| It is not consistent with national policy |  |

|  |
| --- |
| 4. Your comments  Please give details of why you consider this part of the Local Plan is not legally compliant, is unsound or does not comply with the duty to co-operate. Alternatively, if you wish to support any of these aspects please provide details. Please be as precise as possible. Continue on additional paper if necessary.  Tick if Extra Sheets added. |
|  |

**End**