**New Local Plan – Proposed Submission (Regulation 19) version**

**Please return this form to the Planning Policy Team by 11:59am on Tuesday 17 December.**

The London Borough of Harrow is producing a new Local Plan which will guide development in the borough between 2021-2041. We want to hear from people who live, work and have an interest in the borough. The Local Plan is crucial to shaping the council’s approach to housing needs, the local economy, sustainability, health, inequality, and protecting the suburban character of our Borough. We encourage everyone to have their say on the issues that matter most.

**What to consider when making a representation**

Key points to consider when commenting during a Regulation 19 consultation:

**Legal Compliance:** You should consider whether the plan adheres to all legal requirements and complies with planning regulations. This includes checking whether proper procedures have been followed in the development of the plan.

**Positively Prepared**: Is the plan justified (including based on proportionate evidence), effective, deliverable, and consistent with national policy?

**Soundness**: The plan should be reasonable, realistic, and based on solid evidence, as well as consistent with national policy like the NPPF. It should be well-justified, deliverable, and in line with national planning policies.

**Duty to Cooperate:** Has Harrow Council has effectively engaged and worked with neighbouring councils and relevant statutory bodies to address cross-boundary planning issues?

**Privacy notice**

We will only process personal data where we have consent to do so, and you can withdraw your consent at any time. By submitting your personal data in the response form you are consenting for us to process your data and/or consenting to be added to the consultation database. If added to the database, you can be removed upon request.

This data is collected, collated, and then submitted to the Secretary of State, who will appoint an Inspector to conduct an independent examination of the Local Plan. Demographic data will be processed anonymously to assess the effectiveness of our consultation. Where you have consented, your contact details will be added to our consultation database for future consultations and updates on the Examination in Public.

At submission representations will be made public on the council’s website, including name of person and organisation if applicable making representation. Other personal information will remain confidential. Further details harrow.gov.uk/newlocalplan.

|  |  |
| --- | --- |
| **London Borough of Harrow New Local Plan****Regulation 19 Publication Stage** **Representation Form** | **Ref:****(For official use only)** |

**Please return to London Borough of Harrow, New Local Plan, Planning Policy Team, Forward Drive, Harrow, HA3 8FL / local.plan@harrow.gov.uk by 11:59am on Tuesday 17 December 2024.**

*For further information regarding how we store and process your data, please visit the New Local Plan webpages at* [*www.harrow.gov.uk/newlocalplan*](http://www.harrow.gov.uk/newlocalplan)*. Please also see the Harrow Council Privacy Notice:* [*https://www.harrow.gov.uk/privacy*](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.harrow.gov.uk%2Fprivacy&data=05%7C02%7CRowan.Cole%40harrow.gov.uk%7C570945402953461e674a08dcf76362e4%7Cd2c39953a8db4c3c97f2d2dc76fb3e2c%7C1%7C0%7C638657253432902317%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=01Y5RrHkZBKBzusUpkNdLoIc1G8KF4Huv2kR%2Fi6oySo%3D&reserved=0)*. We process data in line with GDPR and UK privacy laws. For more information, contact our Data Protection Officer at:* *DPO@harrow.gov.uk*

This form has three parts:

**Part A** – Personal Details (**Please complete once**)

**Part B** – Your Representation/s (**Please complete a separate sheet for each representation you are making**)

**Part C** – Demographic Details (**Please complete once**)

**Please go to the next page.**

|  |
| --- |
| **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 |   |   |   |
|   |  |
| First Name |   |   |   |
|   |  |
| Last Name |   |   |   |
|   |  |
| Job Title  |   |   |   |
| (where relevant) |  |
| Organisation  |   |   |   |
| (where relevant) |  |
| Address Line 1 |   |   |   |
|   |  |
| Line 2 |   |   |   |
|   |  |
| Line 3 |   |   |   |
|   |  |
| Line 4 |   |   |   |
|   |  |
| Post Code |   |   |   |
|   |  |
| Telephone Number |   |   |   |
|   |  |
| E-mail Address |   |   |   |

|  |
| --- |
| **Part B – Please use a separate sheet for each representation** |
| Name or Organisation: |
| 3. To which part of the Local Plan does this representation relate? |
|  |
| Paragraph |  | Policy |  | Policies Map |  |
| 4. Do you consider the Local Plan is :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4.(1) Legally compliant | Yes |  | No |  |
| 4.(2) Sound | Yes |  | No |  |
| 4.(3) Complies with the Duty to co-operate  | Yes |  | No |  |

 |
| **Please tick as appropriate** |

|  |
| --- |
| 5. Please give details of why you consider the Local 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 or soundness of the Local Plan or its compliance with the duty to co-operate, please also use this box to set out your comments.  |
| (Continue on a separate sheet /expand box if necessary) |
| 6. Please set out the modification(s) you consider necessary to make the Local Plan legally compliant and sound, in respect of any legal compliance or soundness matters you have identified at 5 above. (Please note that non-compliance with the duty to co-operate is incapable of modification at examination). You will need to say why each modification will make the Local 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** In your representation you should provide succinctly all the evidence and supporting information necessary to support your representation and your suggested modification(s). You should not assume that you will have a further opportunity to make submissions.**After this stage, further submissions may only be made if invited by the Inspector, based on the matters and issues he or she identifies for examination.** |
| 7. If your representation is seeking a modification to the plan, do you consider it necessary to participate in examination hearing session(s)? |
|  |
|  |  | **No**, I do not wish to participate in hearing session(s) |  | **Yes**, I wish to participate in hearing session(s) |
| Please note that while this will provide an initial indication of your wish to participate in hearing session(s), you may be asked at a later point to confirm your request to participate. |
| 8. If you wish to participate in the hearing session(s), please outline why you consider this to be necessary: |
|  |
|  |
| **Please note** the Inspector will determine the most appropriate procedure to adopt to hear those who have indicated that they wish to participate in hearing session(s). You may be asked to confirm your wish to participate when the Inspector has identified the matters and issues for examination. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part C – Equality Monitoring Questions**London Borough of Harrow has a legal responsibility to promote and advance equality. To help us to do this, it is important that we have a good understanding of our communities, how our services are being accessed and who is using or would like to use our services. With up-to-date and accurate information we are able to: * Better understand our service users / residents and shape services to meet their specific needs
* Identify and address any barriers / issues individuals may experience when accessing our services (including information about our services)
* Ensure our policies and services are accessible to everyone who uses them

The information will also enable us to monitor our progress with regards to addressing inequality and allow our employees and service users see how we are performing on equality. Data Protection: It is your choice whether you provide this information. Your replies will not be used in a way that identifies you.  **Age – Please indicate your age group**

|  |  |  |  |
| --- | --- | --- | --- |
| **Under 25** |  | **45-54** |  |
| **25-34** |  | **55-64** |  |
| **35-44** |  | **Over 65** |  |
| **Prefer notto say** |  |  |  |

**Disability – Are your day-to-day activities limited because of a health problem or disability which has lasted or is expected to last at least 12 months?**

|  |  |
| --- | --- |
| **No** |  |
| **Prefer not to say** |  |
| **Yes, affecting hearing** |  |
| **Yes, a learning disability** |  |
| **Yes, affecting mobility** |  |
| **Yes, affecting vision** |  |
| **Yes, mental ill-health** |  |
| **Yes, another form of disability** |  |

**Caring – Do you have caring responsibilities?**

|  |  |
| --- | --- |
| **None** |  |
| **Primary carer of a child/ren (under 18)** |  |
| **Primary carer of a disabled child/ren (under 18)** |  |
| **Primary carer of a disabled adult (18 and over)** |  |
| **Primary carer of an older person** |  |
| **Secondary carer (another person carries out the main caring role)** |  |
| **Carer (other)** |  |
| **Prefer not to say** |  |

**Ethnic origin – what is your ethnic origin?**

|  |  |
| --- | --- |
| **Arab** |  |
| **Asian or Asian British: Indian** |  |
| **Asian or Asian British: Pakistan** |  |
| **Asian or Asian British: Bangladeshi** |  |
| **Asian or Asian British: Chinese** |  |
| **Asian or Asian British: Other** |  |
| **Black or Black British: African** |  |
| **Black or Black British: Caribbean** |  |
| **Black or Black British: Other** |  |
| **Mixed: White and Black Caribbean** |  |
| **Mixed: White and Black African** |  |
| **Mixed: White and Asian** |  |
| **Mixed: Other** |  |
| **White: British** |  |
| **White: Irish** |  |
| **White: Gypsy or Irish Traveller** |  |
| **White: Other** |  |
| **Other ethnic group** |  |
| **If you prefer to use your own definition please specify** |

**Marriage or Civil Partnership – what is your marital status?**

|  |  |
| --- | --- |
| **Married** |  |
| **Civil Partnership** |  |
| **Single** |  |
| **Prefer not to say** |  |

**Pregnancy or Maternity – Have you been pregnant and / or on maternity leave during the last two years?**

|  |  |
| --- | --- |
| **Yes** |  |
| **No/Not applicable** |  |
| **Prefer not to say** |  |

**Religion and belief – what best describes your religion/belief?**

|  |  |
| --- | --- |
| **Buddhism** |  |
| **Christianity** (including Church of England, Catholic, Protestant, and all other denominations) |  |
| **Hinduism** |  |
| **Islam** |  |
| **Jainism** |  |
| **Judaism** |  |
| **Sikhism** |  |
| **No religion/Atheist** |  |
| **Other (please specify)** |  |
| **Prefer not to say** |  |

**Sex – are you?**

|  |  |
| --- | --- |
| **Male** |  |
| **Female** |  |
| **Prefer not to say** |  |

**Is your gender identity the same as the gender you were assigned at birth?**

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |
| **Prefer not to say** |  |

**Sexual orientation – what is your sexual orientation?**

|  |  |
| --- | --- |
| **Heterosexual/straight** |  |
| **Bisexual** |  |
| **Lesbian/Gay** |  |
| **Prefer not to say** |  |
| **Prefer to self-describe** |  |

**Please return this form to London Borough of Harrow** **by Midday on Tuesday 17 December 2024.** |

**Thank you for your participation.**