

Council Ref: 

Barrow Port Area Action Plan

Preferred Options (Regulation 26 & 27) Comments Form

Barrow-in-Furness Local Development Framework

Please use this form to write in support of, or to object to, or to suggest any additions you would like to see made to the **Preferred Options Draft - Barrow Port Area Action Plan**.

This form may be photocopied, or you can obtain further copies free of charge. It would be helpful if you could fill in a separate sheet for each policy/subject commented upon.

Please note that any comments received will be made available for public inspection and cannot be treated as confidential.

Section A

Personal Details

Title	<input type="text"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
Job Title (where relevant)	<input type="text"/>
Organisation (where relevant)	<input type="text"/>
Address Line 1	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
Line 4	<input type="text"/>
Post Code	<input type="text"/>
Telephone No.	<input type="text"/>
E-mail Address	<input type="text"/>

Agent's Details (if applicable)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Anyone who submits a representation can request to be subsequently notified that the Action Plan has been submitted to the Secretary of State, and of its later adoption. Do you wish to be notified? YES/NO

Signature

Date

Number of pages including this one

Please return completed forms to: **Local Development Framework Officer, Regeneration & Community Services, Barrow Borough Council, Town Hall, Duke Street, Barrow-in-Furness LA14 2LD. Fax 01229 876317**

or email to: regen@barrowbc.gov.uk

Please return the forms no later than **4.30pm on Friday 14 September 2007**

Section B

If you wish to make a **general comment** or feel something should be added to the document, please indicate below.

Section C

If you wish to comment on a **particular policy, section or subject**, please indicate below. It would be helpful if you could fill in a separate sheet for each policy/section or subject commented upon and number all of your pages.

Policy Number:

or Section:

and/or Paragraph Number:

Do you consider your comment is: (Please tick one)

Supporting:

Objecting:

A Comment only: