

APPLICATION FORM

Application to Designate a Neighbourhood Area Town & Country Planning Act 1990 Neighbourhood Planning (General) Regulations 2012

RELEVANT BODY

In North Norfolk District a Parish or Town Council is the relevant body in which to apply for designation of a Neighbourhood Area. Please confirm that you represent the relevant body to undertake neighbourhood planning in your area in accordance with section 61G of the 1990 Act and section 5C of the 2012 Regulations.

Yes No Name of Parish Council:

CORPUSTY & SAXTHORPE PARISH COUNCIL

PARISH CLERK DETAILS

Last Name

COMPLETED BY FORMER CLERK

Title

First Name

House Name / Number

Address 1

Address 2

Address 3

CORPUSTY

Town

NORWICH

County

NORFOLK

Post Code

NR11 6QA

Email

copanshclerk@

Tel

ADDITIONAL CONTACT DETAILS (IF NOT PARISH CLERK)

Last Name

Title

First Name

House Name / Number

Address 1

Address 2

Address 3

Town

County

Post Code

Email

Tel

NAME OF NEIGHBOURHOOD AREA

Please give the name by which your neighbourhood area will be known.

CORPUOTY & SAXTHORPE

EXTENT OF THE NEIGHBOURHOOD AREA

Will the Neighbourhood Area cover:

The whole parish



Part of the parish



Other parishes



(If part of the parish, please include an Ordnance Survey map showing the boundary of the proposed Neighbourhood Area).

Please describe why you consider the extent of the proposed Neighbourhood Area is appropriate:

All the inhabitants of the Parish were surveyed by questionnaire to ask what they wanted for the Parish 3 years ago. The results will contribute to the Neighbourhood Plan.

INTENTION OF THE NEIGHBOURHOOD AREA

Which of the following do you intend to undertake within your Neighbourhood Area:

- Neighbourhood Development Plan
- Neighbourhood Development Order
- Community Right to Build Order

JOINT PARISH DETAILS

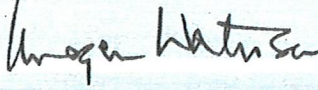
If you are applying with an adjoining parish or parishes, please provide the clerks contact details for the parishes involved.

N/A

DECLARATION

I/we hereby apply to designate a Neighbourhood Area as described on this form, and (if required), on the attached plan.

In the case of joint parish applications, a signature from each parish is requested.

Name	Signature	Organisation	Date
Dr. IMOGEN WATERSON		Corpus Christi and Southgate Parish Council	23.7.2013