

15 AUG 2016

Admin Team



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

1. Main contact details (Parish Clerk)		2. Additional contact details (if different)
Title	Mr	
First Name	Paul Adrian	
Last Name	Illingworth	
Address	The Old School 10 Church Lane Scredington	
Postcode	NG34 0AG	
Tel no.	01529 419498	
Email Address	csncpcclerk@aol.com	

3. Relevant body (please confirm that you are 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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Name of Parish Council:	Carlton Scroop & Normanton on Cliffe
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4. Extent of the area (please indicate below the intended area to be covered. A map identifying the area to which the application relates must also be submitted):

Whole parish area	<input checked="" type="checkbox"/>	Joint with neighbouring parish(es) (please complete section 7 if joint application)	<input type="checkbox"/>
Part of the parish	<input type="checkbox"/>		
Map showing area to which applications relates attached			<input checked="" type="checkbox"/>

Please describe below why you consider the extent of the neighbourhood area proposed is appropriate:

This is the area for which the Parish Council is responsible and we can see no good reason including any other area within neighbouring Parish Councils

5. Please indicate the name by which your neighbourhood area will be formally known:

6. Please indicate which of the following you intend to undertake within your neighbourhood area:

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

7. Additional joint parish details (if you are applying with an adjoining parish(es) please give the contact details for each Parish Clerk):

Name:	Name:
Address:	Address:
N/A	N/A
Tel no: e-mail:	Tel no: e-mail:

8. Declaration
I/we hereby apply to designate a neighbourhood area described on this form and identified on the accompanying map:

(In the case of a joint parish application, names from each Parish will be required)

Name	A ILLINGWORTH	Date	10.7.16
Name		Date	