

Designation of a Neighbourhood Area

Please note that the information provided on this application form may be published on the Council's website. Please complete using block capitals and black ink

1. Parish clerk details

| Title: | Mrs | | | |
|-------------|---------------------------|--|--|--|
| First Name: | Amanda | | | |
| Surname: | Winstone | | | |
| Address 1: | Parish Office | | | |
| Address 2: | Church Road | | | |
| Address 3: | Bishops Cleeve | | | |
| Town: | Cheltenham | | | |
| County: | Gloucestershire | | | |
| Postcode: | GL52 8LR | | | |
| Email: | clerk@bishopscleevepc.org | | | |
| Phone: | 01242 674440 | | | |

2. Single point of contact (if different from above)

| Title: | Mrs |
|-------------|------------------|
| First Name: | Wendy |
| Surname: | Hopkins |
| Address 1: | As above |
| Address 2: | |
| Address 3: | |
| Town: | |
| County: | |
| Postcode: | |
| Email: | hopkins25@me.com |
| Phone: | 07900243414 |

| 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 Planning Regulations. | | | | | | | | |
| Yes x No Name of Le | x No Name of Lead Parish Council | | | | | | | |
| Participating neighbouring parishes will need to give consent below: | | | | | | | | |
| Name Town/Parish Council | Name and Position | | Authorising Signature | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| 4. Name of the proposed neighbourhood area | | | | | | | | |
| Bishops Cleeve | | | | | | | | |
| 4. Extent of the proposed neighbourhood area | | | | | | | | |
| Please indicate below and attach a m | nap showing the ex | tent of th | ne proposed area. | | | | | |
| Whole parish x | | | | | | | | |
| Part of a parish | | | | | | | | |
| Multiple parishes | | | | | | | | |
| Please outline why you consider the boundary of your proposed neighbourhood area to be appropriate. | | | | | | | | |
| The parish boundary defines the whole of our administrative area. | | | | | | | | |

| Please describe what factors you have taken into account when reaching your decision on your proposed neighbourhood area boundary. | | | | | |
|---|--|--|--|--|--|
| The Parish Council want to build upon their Community Plan (2014) as this indicated much interest and concern in matters relating to land-use planning. | | | | | |
| 5. Consultation | | | | | |
| Have any of the parishes or groups within your proposed neighbourhood area already undertaken relevant community consultations? | | | | | |
| For example: | | | | | |
| Parish/Town Plan Place Plan Village Appraisal Themed consultations When did these consultations take place and how representative of the population are they? 2012 to 2014 Have the consultations you have already undertaken pro-actively involved hard to reach and seldom heard members of the community? Yes No | | | | | |
| How? | | | | | |
| Consultation with identified groups | | | | | |
| How will the above consultations be used when developing a neighbourhood plan? | | | | | |
| Used to inform and encourage further engagement moving forward. | | | | | |

6. Declaration

I hereby apply to designate a neighbourhood area as described on this form and accompanying plan.

| Signature: | NUhopke | M | Date: | 01/03/2017 |
|------------|---------------|---|-------|------------|
| Name: | | • | | |
| | Wendy Hopkins | | | |

Please return your completed form to:

Neighbourhood Planning Community & Economic Development Team Tewkesbury Borough Council Gloucester Road Tewkesbury Gloucestershire GL20 5TT

Email: neighbourhoodplanning@tewkesbury.gov.uk

Phone: 01684 295010