

Contact name:	Chris Fribbins
Address:	[REDACTED]
Email address:	<a href="mailto:clerk@allhallowskent-pc.gov.uk">clerk@allhallowskent-pc.gov.uk</a>
Telephone number:	[REDACTED]

Please tick to confirm whether you are the relevant body to undertake neighbourhood planning in your area in accordance with section 61G of the 1990 Act <sup>1</sup> and section 5C of the 2012 Regulations. <sup>2</sup>	Yes	No
	X	

Name of relevant body:	Allhallows Parish Council
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Name of proposed Neighbourhood Area:	Allhallows Parish Council Area
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Please tick to confirm the purpose for the designation of the Neighbourhood Area:	Neighbourhood Development Plan	Neighbourhood Development Order	Community Right to Build Order
	X		

Please explain the reasons why the area is considered appropriate to be designated a Neighbourhood Area and attach an Ordnance Survey based plan at an appropriate scale that clearly identifies the proposed Neighbourhood Area outlined in red.
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<sup>1</sup> <https://www.legislation.gov.uk/ukpga/1990/8/section/61G>

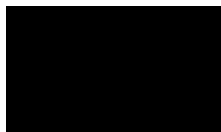
<sup>2</sup> <https://www.legislation.gov.uk/uksi/2012/637/regulation/5/made>

Parish Council boundary

Please continue on to a separate sheet if more space is required.

I hereby apply for the designation of a Neighbourhood Area as described in this form and shown on the accompanying plan.

Signed primary contact  
(required):



Name:

Chris Fribbins

Position:

Clerk

Date:

4/4/2025

Signed applicant 2  
(optional):

Name:

Position:

Date: