

# **Plymouth City Council Planning Committee**

## **Member Referral Form**

**Which planning application do you wish to refer?**

Reference number:

Site address:

Do you have a disclosable pecuniary interest in this application? (if you answer yes you CANNOT refer this application to Planning Committee)

Yes / No

Please confirm that you are referring this planning application within the statutory public consultation period (if you answer no then your CANNOT refer this application to Planning Committee)

Yes / No

**What is the planning reason (s) for your referral?**

**What recommendation / outcome would you find acceptable to enable the application to revert to a delegated decision?**

Name:

Ward:

Date of referral:

Please send this Member Referral Form to: [PlanningTech@plymouth.gov.uk](mailto:PlanningTech@plymouth.gov.uk)