

# Planning Advice Request Form

## (Southport Recovery Measures)

Please complete this form if you wish to discuss your scheme with the Planning Department.

Project Title:

### Main Contact

Name:

Job Title:

Email:

Phone:

### About your project

Your Ref:

Site Address:

*Please provide a site location plan.*

Description:

Name of the person completing this form:

Date:

**For Planning Services use only**

Reference Number:

Case Officer:

Date of Meeting:

Summary of Discussion:

*Please email the completed form to [PlanningSouthport@sefton.gov.uk](mailto:PlanningSouthport@sefton.gov.uk)*