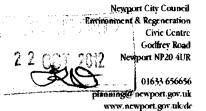
Newport City Council



2. Agent Name and Address

First name:



22/10/12. No fee Mec. DID

Householder Application for Plaining Permission for works or extension to a dwelling.

Town and Country Planning Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Title:

Please complete using block capitals and black ink.

First name:

MOOAD

1. Applicant Name and Address

Title:

Last name:

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

Company (optional):	o ion :			
Unit: House number: \(\sqrt{O} \)	ouse House suffix:			
House ARGOSY WAY	Hou name:			
Address 1:	Address 1:			
Address 2:	Address 2:			
Address 3:	Address 3:			
Town: NEWPORT	Town:			
County:	County:			
Country: WALES	Country:			
Postcode: NDI9 OLE	Postcode:			
3. Description of Proposed Works				
Please describe the proposed works:				
PARTIAL GARAGÉ (ONVERSION (NO EXTERNAL CHANGES)				
(NO EXTERNAL CHANGES)				
12/1006				
	\$Date:: 2012-07-25 #\$ \$Revision: 4639 \$			

3. Description of Proposed Works (continued)			
Has the work already started?			
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)		
Has the work already been completed?			
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)		
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way		
Please provide the full postal address of the application site.	Is a new or altered vehicle access proposed to or from the public highway? Yes No		
Unit: House number: 103 House suffix:	proposed to or from the public highway? Yes No Is a new or altered pedestrian access		
House name:	proposed to or from the public highway? Yes No Do the proposals require any diversions,		
Address 1: AREOSY WAY	extinguishments and/or creation of public rights of way?		
Address 2:	If Yes to any questions, please show details on your plans or		
Address 3:	drawings and state the reference number(s) of the plan(s)/drawing(s):		
TOWN: NEWPORT			
County: WALES			
Postcode (optional): PP19 OLE			
6. Pre-application Advice	ee and He ge		
Has assistance or prior advice been sought on the least assistance or prior advice been sought on the least assistance or prior advice been sought on the least assistance or prior advice been sought on the least assistance or prior advice been sought on the least assistance or prior advice been sought on the least assistance or prior advice been sought on the least assistance or prior advice been sought on the least assistance or prior advice been sought on the least assistance or prior advice been sought on the least assistance or prior advice been sought on the least assistance or prior advice been sought on the least assistance or prior advice been sought on the least assistance or prior advice been sought or the least assistance or prior advice been sought or the least assistance or prior advice been sought or the least assistance or prior advice been sought or the least assistance or prior advice been sought or the least assistance or the least as	re ny trees he ges c your own		
authority about this application?	property and distance of your boundary? Yes No		
If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this	If Yes, please mark their position on a scaled		
application more efficiently). Please tick if the full contact details are not	plan and state the reference number of any plans or drawings: Small Tree at end of Boundays		
known, and then complete as much possible:	See photo+plan.		
Officer name:			
Reference:			
	Will any trees or hedges need to be removed or pruned in		
Date (DD MM YYYY):	order to carry out your proposal? Yes No		
(must be pre-application submission) Details of the pre-application advice received:	If Yes, please show on your plans which trees by giving them		
Details of the pre-application advice received.	numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale.		
8. Parking Will the proposed works affect existing car parking arrangements? Ves No	9. Authority Employee / Member With respect to the Authority, I am: a) a member of staff Do any of these		
If Yes, please describe:	b) an elected member statements apply to you?		
provided the state of the state	d) related to an elected member Yes V No		
space being provided 2.4 x L+8	If Yes, please provide details of the name, relationship and role		

•	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls				
Roof			d	
Windows				
Doors		VALID	d	
Boundary treatments (e.g. fences, walls)				
Vehicle access and hard-standing		Tarmac. SLabs Decorative chipp	ings	
Lighting				
Others (please specify)				
	l itional information on submitted plan rences for the plan(s)/drawing(s)/desi	(s)/drawing(s)/design and access statement? gn and access statement:	Yes [No