

Newport City Council

Newport City Council
Environment & Regeneration
Civic Centre
Godfrey Road
Newport NP20 4UR

01633 656656
planning@newport.gov.uk
www.newport.gov.uk/dc



Application for approval of details reserved by condition.
Town and Country Planning Act 1990
Planning (Listed Buildings and Conservation Areas) Act 1990

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.

1. Applicant Name, Address and Contact Details

Title:	Mr	First Name:		Surname:	N/A
Company name:	Keepmoat Regeneration				
Street address:	C/O Agent				
		Telephone number:			
		Mobile number:			
Town/City:		Fax number:			
Country:		Email address:			
Postcode:					
Are you an agent acting on behalf of the applicant?		<input checked="" type="radio"/> Yes	<input type="radio"/> No		

2. Agent Name, Address and Contact Details

Title:	Miss	First Name:	Emma	Surname:	Harding
Company name:	Asbri Planning Ltd.				
Street address:	Unit 9				
	Oak Tree Court				
	Cardiff Gate Business Park				
Town/City:	Cardiff				
Country:	United Kingdom				
Postcode:	CF23 8RS				
		Telephone number:	02920732652		
		Mobile number:			
		Fax number:			
		Email address:	emma@asbriplanning.co.uk		

3. Site Address Details

Full postal address of the site (including full postcode where available)

Description:

House: Suffix:

House name:

Street address:

Town/City:

Postcode:

Description of location or a grid reference
(must be completed if postcode is not known):

Easting:

Northing:

N/A

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

Yes No

5. Description of the Proposal

Please provide a description of the approved development as shown on the decision letter:

Development of 251 dwellings and associated works including boundary treatments, retaining walls, vehicular access, parking, pathways and landscaping affecting public right of way 407/1

Application reference number:

Date of decision:

Please state the condition number(s) to which this application relates:

Condition number(s):

Has the development already started? Yes No

6. Discharge of Condition(s)

Please provide a full description and/or list of the materials/details that are being submitted for approval:

7. Part Discharge of Condition(s)

Are you seeking to discharge only part of a condition?

Yes No

8. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?

Yes No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)

The agent The applicant Other person

9. Declaration

I/we hereby apply for planning permission as described in this form and the accompanying plans/drawings and additional information. I confirm that, to the best of my knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the persons giving them.



Date

13/06/2017