



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

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Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:

Newport City Council

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

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



Publication on Local Planning Authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

If printed, please complete using block capitals and black ink.

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

1. Applicant Name and Address

Title:	Mr	First name:	Leigh		
Last name:	Edwards				
Company (optional):					
Unit:		House number:		House suffix:	
House name:	The Stables				
Address 1:	Catsash Road				
Address 2:	Newport				
Address 3:					
Town:					
County:					
Country:	Wales				
Postcode:	NP18 1JQ				

2. Agent Name and Address

Title:		First name:			
Last name:	Not applicable				
Company (optional):					
Unit:		House number:		House suffix:	
House name:					
Address 1:	Not applicable				
Address 2:					
Address 3:					
Town:					
County:					
Country:					
Postcode:					

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:		House suffix:	
House name:	Land east of and adjacent to Glen Coed Bungalow				
Address 1:	14a Bank Street				
Address 2:					
Town:	Newport				
County:					
Postcode (optional):	NP19 7HF				
If you cannot provide a postcode, the description of the site location must be completed. Please provide the most accurate site description you can, to help locate the site - for example "field to the North of the Post Office".					
Easting:	332067E	Northings:	189696N		
Description:	Land to the side of Glen Coed Bungalow				

4. Pre-application Advice

Has pre-application advice been sought from the local authority about this application?

☐ Yes ☐ No

Not applicable

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible:

☐

Officer name:

Reference:

Date (DD/MM/YYYY):

(must be pre-application submission)

Details of pre-application advice received?

5. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:

Construction of 2 no. three-bedroom semi detached houses with associated parking and external amenity areas at land east of and adjacent to Glen Coed Bungalow, 14a Bank Street, Newport, NP19 7HF, in accordance with terms of the application, Ref:20/0309 dated 21 March 2020, subject to conditions set out in the schedule.

Reference number:

Date of decision:

(Date must be pre-application submission) (DD/MM/YYYY)

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

1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.	Condition 5 - drainage. Detailed in covering email.	10.	

Has the development already started?

☐ Yes ☒ No

If Yes, please state when the development started (DD/MM/YYYY):

(date must be pre-application submission)

Has the development been completed?

☐ Yes ☒ No

If Yes, please state when the development was completed (DD/MM/YYYY):

(date must be pre-application submission)

6. Discharge Of Condition

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

Newport City SAB Approval given on 1st September 2025 for drainage design. Welsh Water section 104 legally completed. Approved drainage design drawings attached.

7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition?

☐ Yes ☒ No

If Yes, please indicate which part of the condition your application relates to:

8. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted. **Advised no applicable.**

The original and 3 copies of a completed and dated application form: ☐

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application: ☐

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.

Signed - Applicant:



Or signed - Agent:

Date (DD/MM/YYYY):

23rd September 2025

(date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Email address (optional):

leighre@icloud.com

11. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Email address (optional):

12. 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)*

☐ Agent ☒ Applicant ☐ Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address: