



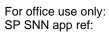
Street Naming and Numbering Application Form

Public Health Act 1925, sections 17 to 19

Complete this form for a single, new address, e.g. for a single new build property or a barn conversion or similar.

SNN2: Single plot / conversion

Applicant	details					
Title:	First name:	Surname:				
Company name: (if applicable)		Client name: (if applic	cable)			
House number name:	er/	Road name:				
Locality (eg M	agor):					
Town:		Postcode:				
Email:		Telephone:				
Planning app	lication reference (see guidance	e):				
Location of	letails for new builds and	conversions				
Please provi	de a location plan; we will not	be able to process your application	on without or	ie.		
Are you apply	ying for a 🗖 CONVERSION (eg	barn etc) or a NEW BUILD ? (tid	ck as appropriate	e)		
a) Does the	property share an access or dri	veway with another property?	Yes	☐ No		
b) If YES to	question (a), is the address as a	above (in Applicant details)?	☐ Yes	☐ No		
If YES to que	estion (a) but NO to question (b)	, please supply the address:				
House name	e / number:	Road name:				
Locality (eg N	Magor):					
Town:		Postcode:				
If NO to ques	stion (a), please provide the fo	ollowing information:				
Road name (if any) from which property is ac	ccessed:				
	the property is from an unnan our accompanying plan.	ned road, please ensure that the	access is cl	early		
Locality or vil	lage:	Town:				
Postcode of r	nearest property (if known):					
Grid reference	e:					
Any other info	ormation you think may assist u	s with locating your new / converted	d property:			





Proper	ty status						
a) Your new address will be added to Royal Mail's NYB file unless you can provide evidence that the property is ready to be occupied (see guidance)							
□lh	ave attache	ed evidence that the prop	perty is completed; please add the address	s to PAF.			
b) Is the	e property:						
☐ Co	ommercial?	C	OR ☐ Residential?				
		ommercial, you may wi s address criteria (see	ish to satisfy yourself that it meets, or we guidance).	vill meet the			
Propos	sed prope	rty names (minimu	m of 3, in order of preference)				
Please ensure you have read the attached guidance; if an unsuitable name is chosen, the process is likely to be delayed.							
1 st choice	э:		2 nd choice:				
3 rd choice	e:		4 th choice (optional):				
Declara	ation of o	wnership					
□ I conf							
Print full	name(s):						
Signature	e(s):		Date:	Date:			
Applied	ant's Docl	aration and payme	unt				
Amount		£137.00					
	of payment:		Date of payment: BACS: Ref no: HD	Charus			
		Card Receipt no: WP		Cheque			
 Please note that we will not begin work on your application until your fee has been paid in full I hereby apply for Street Naming and Numbering services as detailed in this application and declare that the information given on this form is correct and true to the best of my knowledge. I have read the guidance notes accompanying this application form; I enclose a detailed plan showing the location of access to the property; 							
 □ I have paid £133 by card and have written my receipt number in the relevant box (above); <i>OR</i> □ I confirm that I have paid the fee of £133 by BACS and have written my reference no in the relevant box (above); <i>OR</i> □ I enclose a cheque for £133 made payable to Monmouthshire County Council. 							
.							
Print full	name(s):						