***HMO PRE-LICENCE INSPECTION APPLICATION FORM***

**Your Contact Details**

Your full Name: Mr/Mrs/Miss/Ms………………….………………………………….

Your Contact Address (where you would like the schedule of work

and floor plan sent to): ……………………………………………………………………….

…………………………………………………………………………………………………………….

Your email address: ………………………………………………………………………………………………………………………….

Your contact telephone number: ……………………………………………………………………………………………………..

**Property Details**

The proposed HMO Inspection Address: …………………………………………………………………Newport, Postcode …………..…………...

What is the ownership status of the property?

I intend to buy the property

I already own the property

Other; please specify: ………………………………………………………………………………………………………..

If you are not the Owner of the property, provide the Owners correspondence details or state the Estate Agents correspondence details: …………………………………………………………………………………………….………………………………………….………………….

Number of storeys:

Proposed use of the property:

Bedsit Accommodation Shared House Self-Contained Flats Single Let

Other Please specify: …………………………………………………………………………………………………………………………

**Assistance**

If you would like assistance with completing this form please contact Environmental Health Housing via Telephone Number: 01633 656656, Email: [hmo@newport.gov.uk](mailto:hmo@newport.gov.uk)

**Payment**

Please confirm which option you are requesting:

Option 1 £200 plus VAT (One proposed use of the property)

Option 2 £250 plus VAT (Two proposed uses of the property)

Additional Proposals (State how many) ………………………………………………………………………………

You can pay by completing the HMO Pre-licence Inspection Form and by paying the fee via:

**HOW TO MAKE PAYMENT**

**PLEASE QUOTE YOUR REFERENCE WITH ALL PAYMENTS: \*\*\* HMO Prelicence Inspection request for \*\*\*insert property address\*\*\***

***- VIA YOUR BANK***

Please Quote: Bank Sort Code 09 07 20 Bank Account Number 05070406

**and reference number as detailed above**

N.B. Payments will only be considered to have been made when the credit has been cleared through the City Councils Bank Account.

Send the HMO Pre-licence inspection application form to: Environmental Health Housing, Newport City Council, Civic Centre, Newport NP20 4UR or email it to: [hmo@newport.gov.uk](mailto:hmo@newport.gov.uk) quoting your payment date.

**OR**

- ***BY POST***

Please send your cheque or postal order made payable to **Newport City Council** along with the HMO Pre-Licence inspection application to:

**Environmental Health Housing, Newport City Council, Civic Centre, Newport NP20 4UR**

**OR**

- ***BY INVOICE***

Please send your HMO Pre-Licence inspection application to:

**Environmental Health Housing, Newport City Council, Civic Centre, Newport NP20 4UR or email it to** [**hmo@newport.gov.uk**](mailto:hmo@newport.gov.uk) **and request an invoice.**

We will arrange for an invoice to be sent to you so you can pay using your invoice number via debit or credit card by telephoning the Council or you can pay at a Pay Point or Post Office.