***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 ): ……………………………………………………………………….

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

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 owner’s correspondence details or state the estate agent’s 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 telephone environmental health housing on (01633) 656656 or 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, Newport, postcode\*\*\***

***- VIA YOUR BANK***

Please quote bank sort code 09 07 20, bank account number 05070406

**plus the reference number as detailed above**

N.B. payments will only be considered to have been made when the credit has been cleared through Newport City Council’s 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.

- ***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

- ***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 which you can use to pay using a debit or credit card by telephoning Newport City Council on (01633) 656656 or you can pay at a Pay Point or Post Office.