

Council Tax – LTE Premium Exceptions Application



NEWPORT
CITY COUNCIL
CYNGOR DINAS
CASNEWYDD

Please provide the information requested below to support your application and return it by email to counciltax@newport.gov.uk or by post to Council Tax, PO Box 886, Newport, NP20 9LU. TEL 01633 656656

ADDRESS OF EMPTY PROPERTY:

CLASS 1 - DWELLINGS BEING MARKETED FOR SALE

Date the property was marketed for sale _____

Name of estate agent marketing the property _____

CLASS 2 - DWELLINGS BEING MARKETED FOR LET

Date the property was marketed for let _____

Name of lettings agent marketing the property _____

CLASS 3 - ANNEXES FORMING PART OF, OR BEING TREATED AS PART OF THE MAIN DWELLING

Please provide a planning reference number for annexes or properties with planning restrictions:

CLASS 4 - DWELLINGS WHICH WOULD BE SOMEONE'S SOLE OR MAIN RESIDENCE IF THEY WERE NOT RESIDING IN ARMED FORCES ACCOMMODATION

Please provide a payslip showing Contribution in Lieu of council tax for armed forces employees

LOCAL EXCEPTION A - ACCOMMODATION ONLY ACCESSIBLE THROUGH AN EXISTING BUSINESS PREMISES

Please ensure your contact details are provided and you will be contacted by our Property Inspection to verify the property accessibility

LOCAL EXCEPTION B - 3 MONTH EXCEPTION FOLLOWING CHANGE OF OWNERSHIP

Date of purchase _____

Date of occupation / intended occupation _____

Please provide a copy of your completion letter from your solicitor or copy of registration from Land Registry

LOCAL EXCEPTION C - 6 MONTH EXCEPTION FOLLOWING CHANGE OF OWNERSHIP IF MAJOR BUILDING WORKS ARE BEING UNDERTAKEN

Date of purchase _____

Date of occupation / intended occupation _____

Date works commencing _____

Anticipated duration of works _____

Please provide a copy of your completion letter from your solicitor or copy of registration from Land Registry

Please provide evidence of works being undertaken such as builders report, quotations, schedule of works or photographs

YOUR DETAILS

TITLE:

FIRST NAME:

SURNAME:

CORRESPONDENCE ADDRESS:

CONTACT TELEPHONE NUMBER:

EMAIL ADDRESS:

SIGNED:

DATE: