

# Street Naming and Numbering



## APPLICATION FORM (SNN2)

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.  
This document is also available in Welsh.

### Single new dwelling

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**Note:** This form is to be used for the naming and numbering of a single new dwelling, **where no new roads are to be constructed**. If a new road[s] is to be constructed then road naming proposals will have to be agreed by the Council - use form **SNN4**.

If you are applying for **more than one new dwelling**, you will need to use form **SNN3**.

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Before completing this form, applicants should read the relevant sections of our Street Naming and Numbering (SNN) Guidance and Procedure document. Copies are available on request or online.

When completing the form, please follow the instructions carefully to ensure that you provide all of the information required. Failure to do so could delay the processing of your application.

If you require assistance in completing the form or would like it in an alternative format please contact the Council's SNN Officer on **01558 825332** or email: [snn@carmarthenshire.gov.uk](mailto:snn@carmarthenshire.gov.uk)

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## SECTION A - Applicant Details

Name:

Address:

Postcode:

Phone:

Email address:

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## SECTION B - Site Details

Residential

Commerical

Plot address known as:

Proposed New address [1st Choice]:

Proposed New address [2nd Choice]:

**Please provide the following details (if known)**

Planning application reference number(s)

Building Regs application reference number(s)

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## SECTION C - Development Status

**Not started** Full Planning Permission needs to be granted prior to applying

**Commenced**

**Completed** Only tick if you are within 6 weeks of completion and are ready to receive mail

**Occupied**

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## SECTION D - Ownership Details

### Are you the owner of the development?

**Yes** \* If you are not the owner of the property/ development affected, you must enclose with your application written permission from the owner and their contact details.

**No \***

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## SECTION E - Applicant's Declaration

I declare that the information I have provided is correct and true to the best of my knowledge.

**Signed - Applicant**

**Date: (DD/MM/YYYY)**

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## Checklist:

**Please read (and tick) the following checklist to make sure you have sent all the information for your application:**

Completed application form, signed and dated

Correct fee [Please make cheque[s] payable to Carmarthenshire County Council]

Enclosed the required plan(s) to clearly identify location and individual plots

Enclosed the required ownership details [if you are not the owner]

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## Please return completed application to:

**Email:** [snn@carmarthenshire.gov.uk](mailto:snn@carmarthenshire.gov.uk)

Street Naming and Numbering  
Planning Services  
3 Spilman Street  
Carmarthen  
SA31 1LE

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