

Houses in Multiple Occupation

Supplementary Planning Document



Supplementary Planning Document, Houses in Multiple Occupation

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1 Introduction

1.1 Swale Borough Council is actively seeking the provision of housing to meet the identified needs of the Borough's residents. As will be set out within this document, this is integral to Bearing Fruits 2031 - The Swale Borough Local Plan (Adopted July 2017) which is part of the Council's Development Plan.

1.2 Whilst there is limited definitive evidence available of a need for Houses in Multiple Occupation (HMOs), the Council's Housing Market Assessment identifies that single person households are relatively unlikely to afford market housing and the Council has declared an affordable housing emergency. In addition, there is evidence that demonstrates an increase in the supply of HMOs. In combination, it is considered that the evidenced need for accommodation that is comparatively cheaper and available to rent and the increase in the supply of HMOs suggests that HMOs are forming an increasing part of the Council's Housing stock.

1.3 The evidence base indicates that buildings of various types can become HMOs, albeit most appear to have resulted from the conversion of dwellings. Whilst most dwellings are or were designed for occupation by family units, HMOs are very likely to have a higher adult population and are likely to be used more intensively as a result of bedrooms being formed in place of rooms that were initially envisaged to be used for other purposes. Similarly, buildings used for other purposes previously might not have envisaged residential use at all. As a consequence, there can be instances where the differing occupation of a building and the impacts of accommodating an alternative mix of residents can have implications especially on

- the character and appearance of an area;
- parking provision within the locality; and
- the living conditions of the intended occupiers of the HMO and residents of the surrounding area.

Purpose of the HMO Supplementary Planning Document (SPD)

1.4 In light of the above, the purpose of the HMO SPD is to guide the application of the Council's existing policies in respect of applications for HMOs. This covers the following matters:

- The avoidance of the over concentration of HMOs;
- The availability of adequate parking;
- The provision of storage for waste and recycling and its management, and
- The provision of adequate room sizes for future residents.

Status and Scope

1.5 The SPD cannot introduce new policies but will identify matters that should be addressed by an applicant in order to demonstrate compliance with existing policies of Bearing Fruits 2031 - The Swale Borough Local Plan (Adopted July 2017) hereafter referred to as 'The Local Plan'.

1.6 Similarly the document will provide an indication of how the Council will approach applications for HMOs and how these approaches relate to the existing policies of The Local Plan.

1.7 Once adopted as an SPD, this document will be a material planning consideration for the Council when determining planning applications involving the provision of HMOs.

2 HMOs Within the Planning System and Key Definitions

2.1 It is considered appropriate to provide a summary of how the planning system controls the change of use of a building to an HMO. It is anticipated that this might assist some future applicants.

2.2 Where an HMO use is introduced, experience demonstrates that it is often reported to the Council's Planning Investigations Team. An additional purpose of this specific section is, therefore, to provide a reference point for those persons who become aware of an HMO being introduced or wish to comment on an application related to an HMO, whether that be a Certificate of Lawfulness or an application for Planning Permission.

Development

2.3 Section 55 of the Town and Country Planning Act 1990 defines development and, for the purposes of this SPD, it is relevant that it includes building operations and material changes of use of land. The word 'material' is addressed further below.

2.4 From this basis, where the use of a building materially changes, it will constitute development. Section 55 of the T&CP Act 1990 highlights that this is not applicable where the new use falls within the same Use Class as the former use.

2.5 Where a material change of use occurs, to be lawful, it would either need to be Permitted Development or granted planning permission following the submission of a planning application.

2.6 Permitted Development is development that is enabled by the Town and Country Planning (General Permitted Development) (England) Order 2015 (The GPDO). Of specific relevance to changes of use are the Classes within Part 3 of Schedule 2 of the GPDO which mean that certain changes can occur when needing planning permission.

Definition of an HMO - Section 254 of the Housing Act 2004

2.7 As will be set out below, the planning legislation that is relevant to HMOs links to the definition that is provided by Section 254 of the Housing Act 2004. A shortened and summarised version of this definition is as follows:

2.8 A building or a part of a building is a "house in multiple occupation" if: -

(a) it meets the "the standard test" which comprises of the following criteria:

1. one or more units of living accommodation that are not self-contained flats;
2. the occupiers do not form a single household;
3. it is the accommodation is occupied by persons as their main residence;
4. the occupiers residential use is their only use of the premises;
5. rents are paid by at least one occupier; and
6. two or more occupiers share one or more basic amenity, or the living accommodation is lacking one or more amenity

(b) it meets "the self-contained flat test" which is as per (2) to (6) above and it consists of a self-contained flat.

(c) it meets the conditions in subsection(4) (<https://www.legislation.gov.uk/ukpga/2004/34/section/254>) ("the converted building test") which is as per (1) to (5) above and the building has been converted.

(d) an HMO declaration is in force in respect of it under section 255; or a declaration can be made where the above tests are met other than (4) but their use represents a significant use.

There is an additional sub-section (e) that relates to converted blocks of flats, but this is not relevant to Use Class C4 as will be set out below and is therefore of limited relevance to planning.

Classification of HMOs

Town and Country Planning Use Classes Order 1987 (as amended)

2.9 This legislation (hereafter referred to as the Use Classes Order) categorises uses of land. Those that fall outside those classes are deemed to be “Sui Generis” i.e. they are effectively a bespoke use of land that is not categorised and, as such, any material changes of use of that land would need planning permission.

2.10 Of relevance to this HMO SPD are the following use classes, for which shortened versions of the formal definitions have been provided:

Use Class C3 – Dwellinghouses

2.11 Use as a dwellinghouse (whether or not as a sole or main residence) by:

- a. a single person or by people to be regarded as forming a single household;
- b. not more than six residents living together as a single household where care is provided for residents;
or
- c. not more than six residents living together as a single household where no care is provided to residents (other than a use within Class C4).

Use Class C4 – Houses in Multiple Occupation

2.12 Use of a dwellinghouse by not more than six residents as a “house in multiple occupation”

2.13 Interpretation – *“For the purposes of Class C4 a “house in multiple occupation” does not include a converted block of flats to which section 257 of the Housing Act 2004 applies but otherwise has the same meaning as in section 254 of the Housing Act 2004.”*

Sui Generis – Other Uses that are outside the Use Classes

2.14 In relation to HMOs this means the use of a dwellinghouse by more than six residents as a “house in multiple occupation”

Permitted Development

2.15 The following section of the abovementioned GPDO applies to the conversion of dwellings (Use Class C3) to HMOs that fall within Use Class C4. A shortened version of the Permitted Development is provided.

Class L of Part 3 of Schedule 2 of the Town and Country Planning (General Permitted Development) Order 2015.

Permitted Development:

Development consisting of a change of use of a building—

- a. from a use falling within Class C4 to a use falling within Class C3;
- b. from a use falling within Class C3 to a use falling within Class C4.

Development is not permitted by Class L if it would result in the use—

- a. as two or more separate dwellinghouses falling within Class C3 in relation to any building previously used as a single dwellinghouse; or
- b. as two or more separate dwellinghouses falling within Class C4 in relation to any building previously used as a single dwellinghouse.

Guidance Related to Permitted Development

2.16 Where a development falls within the scope of Permitted Development, it can lawfully occur without any involvement by the Planning Service at Swale Borough Council. There is no need to apply for planning permission.

2.17 Often a person will choose to submit an application for a Certificate of Lawfulness for a Proposed Use or Development (often referred to as a CLOPUD or LAWPRO). Such an application seeks confirmation that the proposal is Permitted Development and the application has to be considered only in respect of whether or not the development could have lawfully occurred on the date that the application was submitted.

2.18 Alternatively, if development has already occurred, a Certificate of Lawfulness for an Existing Use of Development (a CLEUD or LDCEX) can be sought.

2.19 Seeking a Certificate of Lawfulness is entirely optional. The only consideration to be made by the Planning Service for those types of applications is whether the development is lawful. Planning merits and national and local planning policies, including this SPD, would not be relevant to such an application.

Planning Permission

2.20 Other than where a development is Permitted Development, planning permission is required.

2.21 In summary, changing a building to a Large HMO (Sui Generis Use) i.e. an HMO with 7 or more residents, needs planning permission.

2.22 Alterations to the number of residents within a Large HMO could represent a material change of use meaning planning permission might also be required.

2.23 The conversion of buildings in any other use to HMOs of any size would also need planning permission.

Physical Works

2.24 In many instances, the conversion of a dwellinghouse to an HMO will involve building operations.

2.25 Such works might be able to occur under the terms of Classes A (extensions and alterations other than the roof), B (roof extensions), C (other roof alterations), E (outbuildings) of Part 1 of Schedule 2 of the GPDO. The reason for this being that buildings with a lawful use as a dwellinghouse retain their Permitted Development rights.

2.26 If the building operations exceed those Permitted Development rights, planning permission is required.

2.27 The abovementioned Permitted Development Rights relating to building operations are not applicable to flats.

2.28 Section 56 of the T&CPA highlights that internal works within a building are not development and do not require planning permission.

Listed Buildings and Conservation Areas.

2.29 Notwithstanding the above, if a building is a listed building, consent may be required for internal works under the terms of the separate regime of control that applies to listed buildings. A change of use does not require listed building consent and so, on its own, the creation of an HMO would not need listed building consent. It is the physical works to a building that may need consent.

2.30 A site being within a Conservation Area limits building operations that can occur under Permitted Development rights, in the same way that they are partially reduced for dwellings. However, being in a Conservation Area does not create any additional limitations with respect to the creation of HMOs in terms of change of use.

Materiality of Change of Use

2.31 Above, the term 'material' was highlighted in respect of the definition of development and the inclusion within that of the change of use of land. In this regard, it is relevant to stress that not all changes of use of land will be material. Of relevance to HMOs, is that there could be circumstances where enabling an

additional person to reside at a premises might not be considered to result in a material change of use. This would be for determination in the circumstances of a specific case, as what might be material in one case, might not in another.

Restrictions on Permitted Development Rights relating to the Change of Use of Land.

2.32 At this time, there are no area-based restrictions in Swale on the ability of property owners to utilise the Permitted Development right set out above in respect of changes of use to create HMOs.

2.33 However, as part of the same Council motion that sought the preparation of this SPD, the Council requested that steps are taken towards making a direction under the terms of Article 4 of the GPDO which would have the effect of removing Permitted Development rights relating to Class L of Part 3 and the creation of HMOs.

2.34 Such a restriction on Permitted Development rights would materially alter the above commentary as the Permitted Development opportunity would not be applicable and planning permission would be required for all HMOs that fall within Use Class C4 as well as those Large HMOs that fall outside the Use Classes Order.

Breaches of Planning Control

2.35 Where development has occurred that requires planning permission and no such planning permission has been obtained, interested parties are invited to notify the Council's Planning Investigations Team. To do so, it is requested that the following webpage is used: <https://swale.gov.uk/planning-and-regeneration/planning-breaches-and-enforcement/report-a-breach-of-planning-consent#h2>

2.36 Investigations of breaches will occur in accordance with the Council's Planning Enforcement Strategy. This can be found at: <https://swale.gov.uk/your-council/strategies-and-policies/planning-enforcement-strategy>

2.37 It is hoped that interested parties may have found this document before reporting a development that has or is in the process of occurring. In such instances it is helpful that regard is had to the content of this SPD before reporting a development.

2.38 Where a development or building operations are occurring and there is a suspicion that a breach of planning control will occur, formal enforcement action will seldom be considered until a breach of planning control has definitively occurred.

3 Planning Policies (Local and National)

3.1 The development plan in effect within the Swale Borough includes Neighbourhood Plans and the Kent Waste and Minerals Local Plan (2024 to 2039). It also includes Bearing Fruits 2031 - The Swale Borough Local Plan (Adopted July 2017) which is the primary source of planning policy relating to development throughout the Swale Borough.

3.2 As far as it is relevant to this SPD, Local Plan Policy ST1 (Delivering sustainable development in Swale) states that “*all development proposals will, as appropriate:*”

7. *Deliver a wide choice of high quality homes by:*

- a. *meeting the full, objectively assessed need for housing in the housing market area;*
- b. *providing housing opportunity, choice and independence with types of housing for local needs; and*
- c. *keeping vitality within rural communities with identified housing needs, proportionate to their character, scale and role.*

8. *Achieve good design through reflecting the best of an area’s defining characteristics.*

9. *Promote healthy communities through:*

- a. *location of development to achieve safe, mixed uses and shared spaces;*
- b. *rejuvenation of deprived communities.”*

3.3 Local Plan Policy CP3 (Delivering a wide choice of high quality homes) states that the Council and others “*shall work towards the delivery of a wide choice of high quality homes that extend opportunities for home ownership and create sustainable, inclusive and mixed communities.*” It goes on to state that “*development proposals will, as appropriate:*”

(2) tailor the purpose and objectives of housing proposals to the issues present within local housing market areas;

(5) achieve a mix of housing types, reflecting the findings of the current Strategic Housing Market Assessment or similar needs assessment;

(6) meet the housing requirements of specific groups, including families, older persons, or disabled and other vulnerable persons; and

(8) achieve sustainable and high quality design in accordance with Policy CP4 and Policy DM19.”

3.4 Leading on from the above, Policy CP4 (Requiring good design) states “*that all development proposals will be of a high quality design that is appropriate to its surroundings.*” It goes on to state that “*development proposals will, as appropriate:*”

1. *Create safe, accessible, comfortable, varied and attractive places;*

2. *Enrich the qualities of the existing environment by promoting and reinforcing local distinctiveness and strengthening sense of place;*

5. *Retain and enhance features which contribute to local character and distinctiveness;*

7. *Achieve a mix of uses, building forms, tenure and densities;*

10. *Use densities determined by the context and the defining characteristics of the area*

11. *Ensure the long-term maintenance and management of buildings, spaces, features and social infrastructure;*

12. *Be flexible in order to respond to future changes in use, lifestyle, and demography;*

3.5 Policy DM14 (General development criteria) sets out that “*All development proposals will, as appropriate:*”

3. Accord with adopted Supplementary Planning Documents and Guidance

5. Reflect the positive characteristics and features of the site and locality

7. Be both well sited and of a scale, design, appearance and detail that is sympathetic and appropriate to the location;

8. Cause no significant harm to amenity and other sensitive uses or areas;

10. Achieve safe vehicular access, convenient routes and facilities for pedestrians and cyclists, enhanced public transport facilities and services, together with parking and servicing facilities in accordance with the County Council's standards."

3.6 Finally, Policy DM7 (Vehicle Parking) states that *"when prepared, the Swale Vehicle Parking SPD will provide guidelines for:*

- 1. Car parking standards for residential development, which will*
 - a. take into account the type, size and mix of dwellings and the need for visitor parking; and*
 - b. provide design advice to ensure efficient and attractive layout of development whilst ensuring that appropriate provision for vehicle parking is integrated within it.*
- 3. Cycle parking facilities on new developments, of an appropriate design and in a convenient, safe, secure and sheltered location."*

3.7 At the Neighbourhood Plan level, there are no specific policies within the Boughton and Dunkirk Neighbourhood Plan (2023) which address HMOs. However, policies H1, H8, T3 and E1 are considered to align with The Local Plan insofar as they address the provision of housing to meet local needs whilst minimising environmental impacts, providing adequate parking and ensuring that development respects and enhances local character, environmental quality and amenity value.

3.8 Similarly, the Faversham Neighbourhood Plan (2024) does not include any policies that specifically address HMOs. However, policies FAV3 and FAV10 are considered to align with The Local Plan insofar as they address meeting local housing need and achieving development that compliments the existing townscape and character and represents sustainable design in various stated respects.

3.9 The abovementioned Local Plan policies are considered to be aligned with paragraphs 8, 63, 96, 109, 111, 112, 131 and 135 of the NPPF.

3.10 Moreover, although it has been published in draft and is the subject of current public consultation, it is relevant that the policies appear to align with policies, DP3, P3, TR2 and TR4 of the Consultation Draft NPPF that was published on 16 December 2025.

3.11 In this context, it is considered sound for an SPD to guide the circumstances where HMOs will be supported as they will achieve the outcomes set out within these policies.

4 Existing HMO Stock and Potential Effects of HMO stock

Existing HMO Stock

4.1 Identifying the existing HMO stock with reliance solely on planning records is problematic given that, as set out above, many can be formed without needing planning permission and without recourse to the Council's Planning Service. In short, many could have been created without the Planning Service knowing, especially where there are a lower number of residents that might not attract the same amount of attention as larger HMOs. Notwithstanding this, the Council's planning application, local plan monitoring and planning enforcement records have been reviewed and this has enabled several HMOs to be identified. Other Council records have also been utilised including the HMO License Register.

4.2 Some records will need to be reviewed further and, as this search process can only represent a snapshot in time, the stock of HMOs will evolve. It is, however, anticipated that a register of known HMOs can be kept up-to-date through the collaboration of the respective teams within the Council.

4.3 This research to date indicates that there are 126 HMOs within the Swale Borough.

4.4 Evidence sourced from the Office for National Statistics (ONS) indicates that when the 2021 Census was undertaken, there were 61 Small HMOs and 14 Large HMOs in the Swale Borough. In total there were, therefore, 75 HMOs.

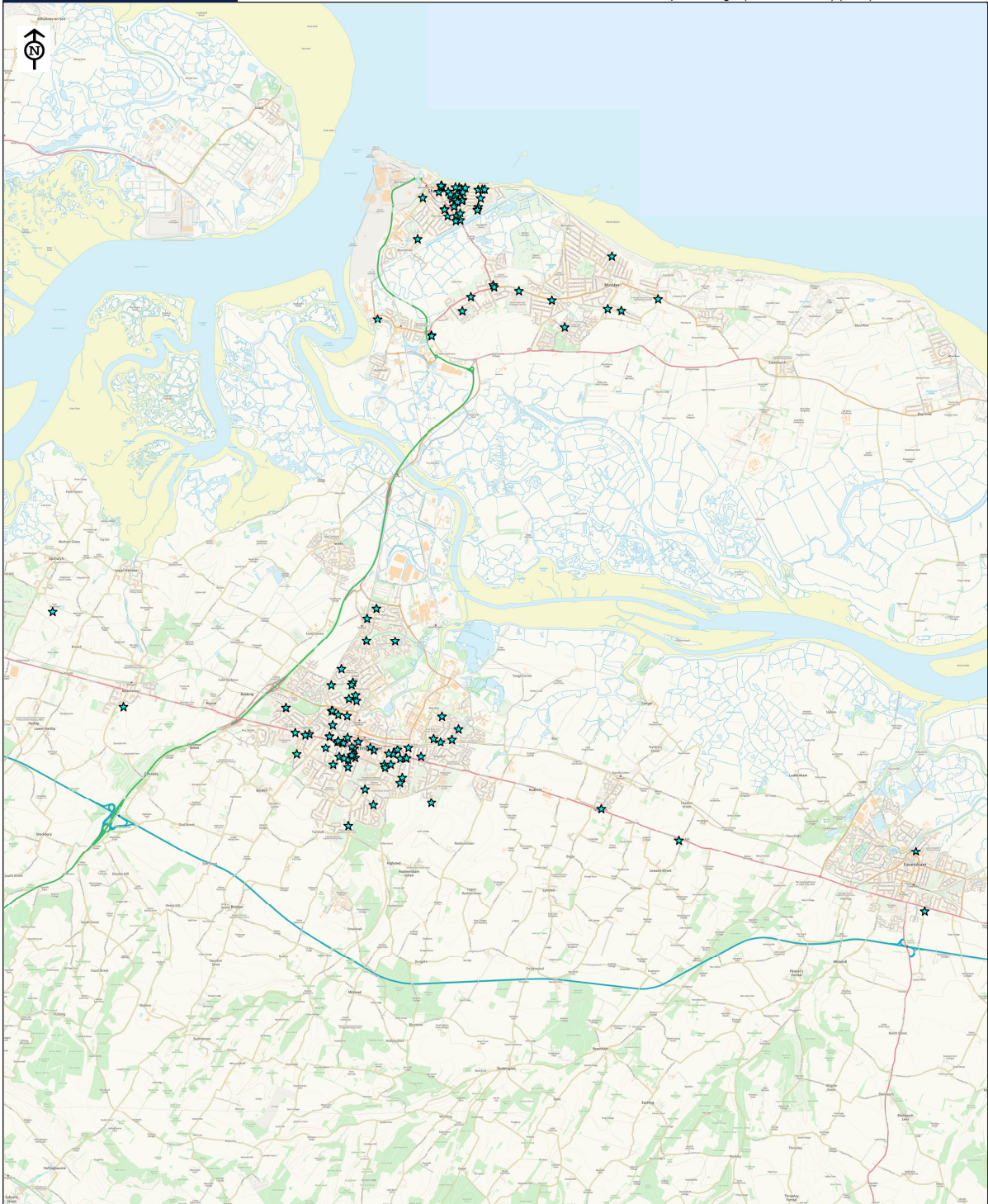
4.5 It therefore appears that there has been an increase of 51 HMOs in approximately 5 years, a 68% increase above the 75 HMOs that were recorded in the Census.

4.6 The map below shows that there is a degree of dispersion to the location of HMOs:



Houses in Multiple Occupation Supplementary Planning Document

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Picture 4.0.1

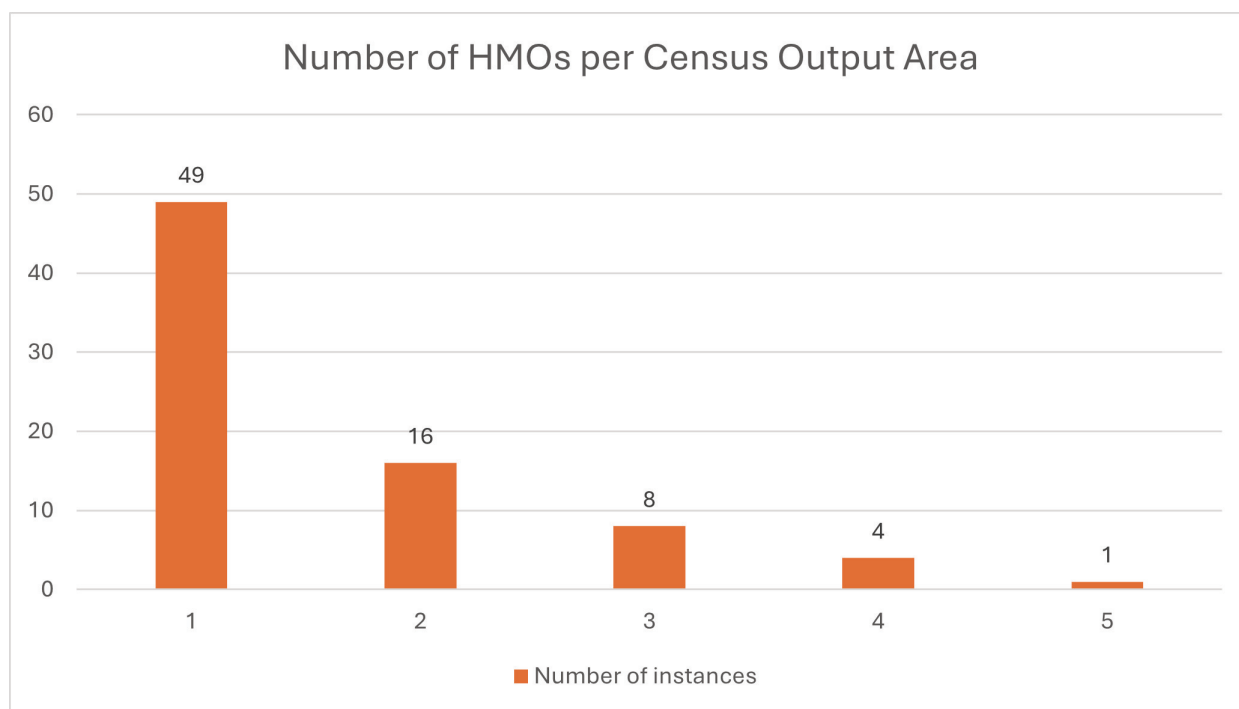
4 Existing HMO Stock and Potential Effects of HMO stock

4.7 On a ward level, the 126 HMOs that have been identified are broken down as follows:

Ward	HMO's	Ward	HMO's	Ward	HMO's
Abbey	1	Milton Regis	8	Sheppey Central	5
Borden and Grove Park	6	Minster Cliffs	1	Teynham and Lynsted	2
Chalkwell	12	Murston	4	Watling	1
Hartlip, Newington and Upchurch	2	Queenborough & Halfway	8	Woodstock	3
Homewood	15	Roman	16		
Kemsley	3	Sheerness	39	TOTAL	126

Table 4.0.1

4.8 At a more localised level, Census data can be broken down to Output Area (OA) level which are generally areas of between 40 and 250 households with resident populations of between 100 and 625 people. Through separating the 126 identified HMOs into the Output Areas, the following dispersal of HMOs has been established:



Picture 4.0.2

Number of HMOs per OA	1	2	3	4	5
Number of instances	49	16	8	4	1

Table 4.0.2

4.9 The OA area with the most HMOs is in Sheerness, near and around the junction of Marine Parade, Broadway, and Alma Road. There are 158 households within that area and, as such, 5 HMOs amounts to 3.16% of the households being HMOs.

4.10 If combined with an adjacent OA to the west which is one of those that has 4 HMOs, there are 344 households and 9 HMOs in that area, amounting to 2.62%.

Potential Effects of an HMO Stock

4.11 The number and quality of HMOs in the borough has been cited as a matter that requires further consideration and, in this regard, the Full Council meeting on 1 October 2025 provides a useful steer of the matters that are considered to require attention.

4.12 It is noted that the motion for Full Council and the debate of that motion identified the following potential impacts of HMOs:

- Impacts on local amenity;
- Increased parking demand;
- Refuse generation;
- Impacts on local infrastructure and public services;
- Impacts on housing balance and changes to the character of residential areas;
- A reduction of the supply of properties for families and single occupiers; and
- Poor living conditions for occupiers.

5 Guidance Topic 1 - Concentration of HMO's

Ensuring the Concentration of HMOs respects Character and Living Conditions

5.1 This matter is considered to align with the consideration of developments in respect of Policies ST1, CP3, CP4 and DM14.

5.2 It is considered that the avoidance of an undue accumulation of HMOs within a particular area will ensure that areas with a character defined by dwellinghouses is not unduly eroded. Moreover, it is considered that this will ensure that the developments contribute to achieving sustainable, inclusive and mixed communities as required by Policy CP3.

5.3 Furthermore, noting the potential for a material increase in the number of adult residents and the activity associated with such a population, it is considered that there is scope for there to be a different level of noise and disturbance caused, that could have an impact on the living conditions of existing residents within that area.

5.4 Noting that policy DM14 seeks to ensure development causes no significant harm to amenity and other sensitive uses or areas and that paragraph 135f) of the NPPF states that development should create places that are safe, inclusive and accessible and which promote health and well-being, with a high standard of amenity for existing and future users, it is considered appropriate to seek to ensure that a suitable living environment is retained.

5.5 As demonstrated above, there is a fairly broad dispersal of 126 HMOs over 16 wards and 8 wards without any HMOs. However, there are some distinct areas where a concentration of HMOs has been identified. Such concentrations can have many implications, including the erosion of the residential character of an area.

5.6 A methodology for assessing the acceptability of a concentration of HMOs is to identify a catchment area, calculate the number of residential properties and the number of HMOs within that area and set a threshold based on the number of HMOs that are considered to be able to be accommodated without causing the erosion of the character of the area or other strains that could be contrary to the abovementioned policies.

5.7 Appendix A sets out a step-by-step approach to undertaking an HMO Concentration Assessment.

5.8 It is considered that a 100m radius from the existing front door of a dwelling is a suitable catchment area in the context that, for many, such an area would be construed as being the area in which they live and the area around their home

5.9 Having regard to the evidence above that addresses the prevalence of HMOs within an area, it is considered that a threshold of 10% is an appropriate guideline.

5.10 If the threshold of 10% is exceeded in a predominantly residential area, it is likely that a site visit will demonstrate that there is already a noticeable presence of HMOs within the locality. It would be expected that this would not be the case where fewer HMOs exist. Therefore, unless it can be demonstrated that an additional HMO beyond the 10% threshold can be comfortably accommodated within an area, it is probable that a proposal to introduce a further HMO will be found to cause the undue undermining of an existing residential character.

5.11 In more commercial or mixed-use areas where there are fewer than 10 residential properties within the Assessment Area, a 30% threshold will be applied.

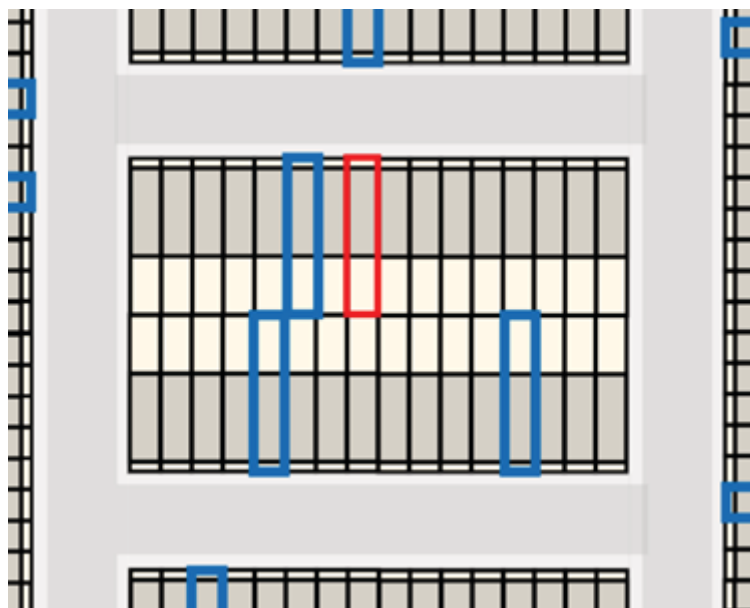
5.12 Where a building contains flats, if one of those flats is used as an HMO, the building shall be considered as a whole and that building will be counted as an HMO for the purposes of a concentration assessment.

Avoidance of Sandwiching

5.13 In the interests of providing adequate living conditions for existing residents, it is considered appropriate to avoid instances of sandwiching. Where the increased activity resulting from an HMO which has been set out above can be experienced at one side of a C3 dwellinghouse, it is unlikely to have a significantly harmful impact on the overall living conditions of those neighbouring residents.

5.14 However, where a residential dwellinghouse in C3 use is neighboured by HMOs at both sides, it is likely that there will be a sense of being surrounded by HMOs which will materially change the living conditions of those residents.

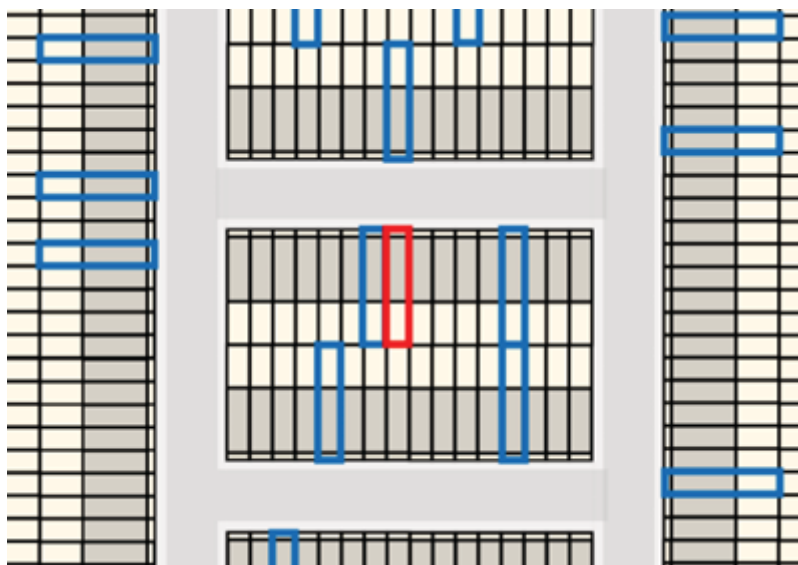
5.15 Consequently, unless it can be demonstrated that significant harm will not arise, it is likely that a situation where a dwellinghouse becomes “sandwiched” between two HMOs will not be found acceptable. An example of a likely unacceptable HMO sandwich situation is demonstrated on the diagram below:



Picture 5.0.1

5.16 In this example above, there would be a dwellinghouse falling within Use Class C3 sitting between an existing HMO (marked in blue) and a proposed HMO (marked in red). This would not be acceptable.

5.17 However, one HMO being located next to another may be acceptable:



Picture 5.0.2

5.18 This will only be considered as an issue where properties are adjacent to each other in a side-by-side format. In such an arrangement, properties are usually closer to their neighbours than properties at the opposite side of a road or where there are gardens between the buildings. Moreover, where there are attached properties, there is a greater likelihood of disturbance being noticed through the adjoining structures.

5.19 Where a building contains flats, the same approach shall also apply but on a horizontal and vertical basis. No flat should abut (to the side, above or below) more than one HMO in the interests of providing suitable living conditions for the occupiers of flats which are likely to be more constrained as a result of their configuration.

Question 1

Will the approach set out at Guidance Topic 1 (Concentration of HMOs) be effective in addressing the concentration of HMOs. If not, are there any other approaches to concentration that we should consider?

6 Guidance Topic 2 - Parking

6.1 This objective is considered to align with the consideration of developments in respect of Policies DM7 and DM14. The Council's Parking Standards currently provide no parking standards for HMOs. By setting out how parking is expected to be provided, it will allow clarity for all.

6.2 An assessment of the location of the existing HMOs within the Swale Borough indicates that many are located in areas where there is limited off-street parking and a reliance, by all, on on-street parking. Parking stress can be detrimental to living conditions and detract from the amenities of an area and, as such, it will be beneficial for such developments to be steered to locations where they can be accommodated or make adequate provisions.

6.3 Census data from the 2021 Census indicates that there were 11,119 privately rented properties in the Swale Borough. HMOs align closest with this type of property tenure.

6.4 Within that, 4,646 of the properties had just one usual resident aged 17 years or over. It is considered that this figure is relevant as most HMO rooms are occupied on a single adult basis and where there are more, this is likely to be balanced out with periods of under-occupancy elsewhere as not all properties are occupied at all times.

6.5 Within those properties, 1,793 had no access to a car, 2,571 had access to a car and 282 had access to two or more cars.

6.6 Using that data and proceeding on the basis that the two or more category would most likely have no more than two cars in the majority of cases, it can be assumed that the 4,646 persons renting privately in the Swale Borough led to car ownership amounting to approximately 3,135 cars. This amounts to a car ownership rate of 0.67 cars per person living alone.

6.7 More broadly, again based on the 2021 Census, of the 15,957 one-person households within the Swale Borough, 5,871 had no access to a car, 8,866 had access to one car, 961 had access to two and 259 had access to 3. That equates to a total of 11,565 cars which amounts to an average of 0.72 cars per person living alone.

6.8 At a Borough level, the 2021 Census indicates that 16.6% of households do not have a car or van. However, for those wards where HMOs were identified, the percentage of households without cars are as follows:

Ward		Ward		Ward	
Abbey	24%	Milton Regis	20%	Sheppey Central	12%
Borden and Grove Park	13%	Minster Cliffs	11%	Teynham and Lynsted	12%
Chalkwell	21%	Murston	21%	Watling	16%
Hartlip, Newington and Upchurch	9%	Queenborough & Halfway	17%	Woodstock	10%
Homewood	20%	Roman	27%		
Kemsley	12%	Sheerness	34%		

Table 6.0.1

6.9 Moreover, using the figures for one-person households only, the percentage of households without cars are as follows:

Ward		Ward		Ward	
Abbey	44%	Milton Regis	44%	Sheppey Central	26%
Borden and Grove Park	34%	Minster Cliffs	33%	Teynham and Lynsted	31%
Chalkwell	41%	Murston	44%	Watling	37%
Hartlip, Newington and Upchurch	28%	Queenborough & Halfway	36%	Woodstock	31%
Homewood	44%	Roman	52%		
Kemsley	28%	Sheerness	55%		

Table 6.0.2

6.10 At a more local level, using the data for the Output Areas where HMOs have been identified, 26.9% of households do not have access to a car, 41.3% of households have access to one car, 23.2% have access to 2 cars and 8.6% have access to 3 cars.

6.11 Proceeding on the basis that each room is occupied independently and is therefore tantamount to an individual household, both elements of evidence support a case that approximately 2 out of 3 occupiers would have access to a car and be located in areas where there is slightly over 1 car per household on average.

6.12 By extension, it is logical to state that car parking should be available at a rate of 0.66 car parking spaces per bedroom, rounded up to the nearest whole parking space. This would mean that a 3 bed HMO would need 2 spaces, a 4 bed HMO would need 3 spaces, 5 and 6 bed HMOs would need 4 spaces, a 7 bed HMO would need 5 spaces, 8 and 9 bed HMOs would need 6 spaces and a 10 bed HMO would need 7 spaces.

6.13 It is noted that the reality is that most HMOs are proposed where the form of the original building, the plot it sits within and the area generally, makes this level of parking provision unlikely in most cases.

6.14 To that end, on-street parking may be a requirement. In that scenario, it is recommended that any application is accompanied with evidence to demonstrate that parking spaces on-street within the vicinity of the site are likely to be available to accommodate the uplift from the existing use (based on the Council's adopted parking standards).

6.15 A Parking Survey, using a methodology such as the Lambeth Methodology, would be an appropriate way to demonstrate the adequate availability of on-street parking. Other approaches could be considered if they provide a robust assessment of parking availability.

Car Parking Permits

6.16 The Swale Parking Permit Policy is available at <https://swale.gov.uk/your-council/strategies-and-policies/parking-policy>

6.17 This restricts the provision of parking permits and, as such, reliance on parking permits within Controlled Parking Zones is unlikely to be practical for HMOs with more residents than allowed for by the parking policy.

Question 2

Will the approach set out at Guidance Topic 2 (Parking) be effective in ensuring that parking availability is not unduly altered. If not, are there any other approaches to parking availability that we should consider?

7 Guidance Topic 3 - Waste and Recycling Storage and Management

7.1 This objective is considered to align with the consideration of developments in respect of Policies CP4 and DM14, particularly through ensuring that development causes no significant harm to amenity and other sensitive uses or areas and creates safe, accessible, comfortable, varied and attractive places.

7.2 Whilst the provision of refuse storage facilities will primarily be addressed by the Council's Environmental Services team, the role of the HMO SPD is to ensure that refuse storage is provided in a manner that represents high quality design, as required by the abovementioned policies. The provision of discreet and accessible refuse and recycling storage will encourage its use and avoid an expanse of containers being kept at sites and within streets in prominent, visually unfortunate or obstructive arrangements.

7.3 For an HMO that is to be converted from a dwelling, where there are no more than 5 residents, the recycling storage arrangements would be no greater than would arise from the existing dwelling. As such, there would be no additional requirements to provide refuse and recycling storage. For guidance, it is recommended that the property would be entitled to the following provisions and it is recommended that arrangements are made within proposals for their storage and for them to be made available for collection and returned to their storage locations at the appropriate times:

- 1 x 180ltr refuse bin
- 1 x 240ltr recycling bin (with a 2nd provided if needed)
- 1 x 23ltr food bin (with a 2nd provided if needed)
- 1 x 5ltr food caddy

7.4 Where a HMO would have 6 or more persons, it might introduce the need for a larger 240ltr refuse bin or an additional 180ltr refuse bin to be provided. In addition, where there is more than one kitchen, additional 5ltr food caddies can be provided.

7.5 Where the alteration of the use of the building is likely to result in an uplift in the number of bins kept at a site (other than the 5ltr caddies which should be kept within kitchens), it will be expected that plans accompany any application to demonstrate how these will be stored. All such storage should be provided within the building or the plot and it will be expected that the storage will be discreet and/or visually acceptable in the context of the character and appearance of the site and the locality.

7.6 In addition, any management arrangements required to ensure that bins are presented to suitable collection locations and subsequently returned to their storage positions should be detailed within supporting submissions.

7.7 Conditions may be imposed to ensure the provision of adequate storage and management arrangements.

Question 3

Will the approach set out at Guidance Topic 3 (Waste and Recycling Storage and Management) be effective in ensuring that adequate waste/refuse storage and management arrangements are in place. If not, are there any other approaches to waste/refuse storage that we should consider?

8 Guidance Topic 4 - Room Sizes

8.1 This objective is considered to align with the consideration of developments in respect of Policies ST1, CP3 and CP4 by meeting the housing requirements of specific groups, creating accessible and comfortable places, being flexible in order to respond to future changes in use, lifestyle, and demography and delivering a wide choice of high-quality homes.

8.2 Minimum bedroom sizes and standards for licensable HMOs are already in effect under the terms of the Housing Act 2004. However, the HMO SPD will be applicable to all planning applications for HMOs, including those that might not require a licence.

8.3 The Council will expect any planning applications submitted for HMOs to demonstrate room sizes that accord with the National Standards that are currently set out, any standards that replace those standards or any local standards adopted by the Council's Private Sector Housing team, whichever are the largest. At present, the minimum room sizes for bedrooms (taken from the Housing Act) and shared kitchens (taken from the Council's HMO standards) are:

Occupancy	Minimum Bedroom Size for HMO
One child under the age of 10	4.64 square metres
One occupant over 10 years of age	6.51 square metres
Two occupants over 10 years of age	10.22 square metres

Table 8.0.1

Number of People Sharing a Kitchen	Minimum Kitchen Size
1 to 3 people	5 square metres
4 people	6 square metres
5 people	7 square metres
6 people	9 square metres
7 to 10 people	11 square metres

Table 8.0.2

Question 4

Will the approach set out at Guidance Topic 4 (Room Sizes) be effective in ensuring that that bedrooms and kitchens will be of acceptable size. If not, are there any other approaches to room size that we should consider?

9 Other controls, relevant legislation and contacts

9.1 This SPD has been prepared solely from a planning perspective. HMOs and building operations are, however, also controlled by other legislation:

The Housing Act 2004 (Requirement for a Licence)

9.2 This legislative regime is wholly separate from planning. At the time of writing, the Housing Act 2004 effectively states that:

9.3 *A HMO falling within the scope of requiring a license is one that —*

(a) is occupied by five or more persons;

(b) is occupied by persons living in two or more separate households; and

(c) meet(i)the standard test under section 254(2) of the Act (<https://www.legislation.gov.uk/ukpga/2004/34/section/254>)

(ii) the self-contained flat test under section 254(3) of the Act but is not a purpose-built flat situated in a block comprising three or more self-contained flats; or

(iii) the converted building test under section 254(4) of the Act.

9.4 When granting a licence conditions can be used to control various matters including:

- Gas Safety Certificates;
- Electrical Appliances and Furniture Safety Standards;
- Smoke and Carbon Monoxide Alarm provision;
- The provision of Terms of Occupation to Occupiers;
- Minimum sleeping room sizes;
- Anti-Social behaviour management conditions;
- Repairs; and
- Training of license holders.

9.5 The Licence Application process involves assessing the suitability of the licence holders (fit and proper persons test) and assessing the suitability of the property (shared bathing and toilet facilities and wash hand basins in rooms, kitchen facilities and fire safety facilities and equipment).

9.6 Full details of the approach to HMO Licensing at Swale Borough Council can be found at <https://swale.gov.uk/business-licensing-and-procurement/licences-permits-and-consents/houses-in-multiple-occupation>.

The Building Act 1984 and The Building Regulations 2010

9.7 Extensions, alterations and works within a building might require approval under the terms of the Building Regulations.

9.8 This is an entirely separate legislative function and the Planning Service at Swale Borough Council operates under a Memorandum of Understanding with the South Thames Gateway Building Control Body (details of which can be found at <https://www.stgbc.org.uk>).

9.9 Where works are considered to conflict with Building Regulations, they can be brought to the attention of the Building Control Body at the abovementioned website.

9.10 As set out in an earlier section of this SPD, internal works do not require planning permission and so any requirements resulting from the Building Regulations do not affect the assessment of a development from a planning perspective.

Party Wall Act / Civil Matters

9.11 Under the terms of the Party Wall Act 1996, neighbouring landowners are afforded certain protection in some respects. Details of which can be found at <https://www.gov.uk/government/publications/preventing-and-resolving-disputes-in-relation-to-party-walls/the-party-wall-etc-act-1996-explanatory-booklet>.

9.12 Damage, encroachment or any other comparable unauthorised use of a person's land without their consent is a matter for the respective landowners to address between themselves. Swale Borough Council has no remit to enforce property boundaries, resolve disputes or address any disagreements in these respects.

Ventilation

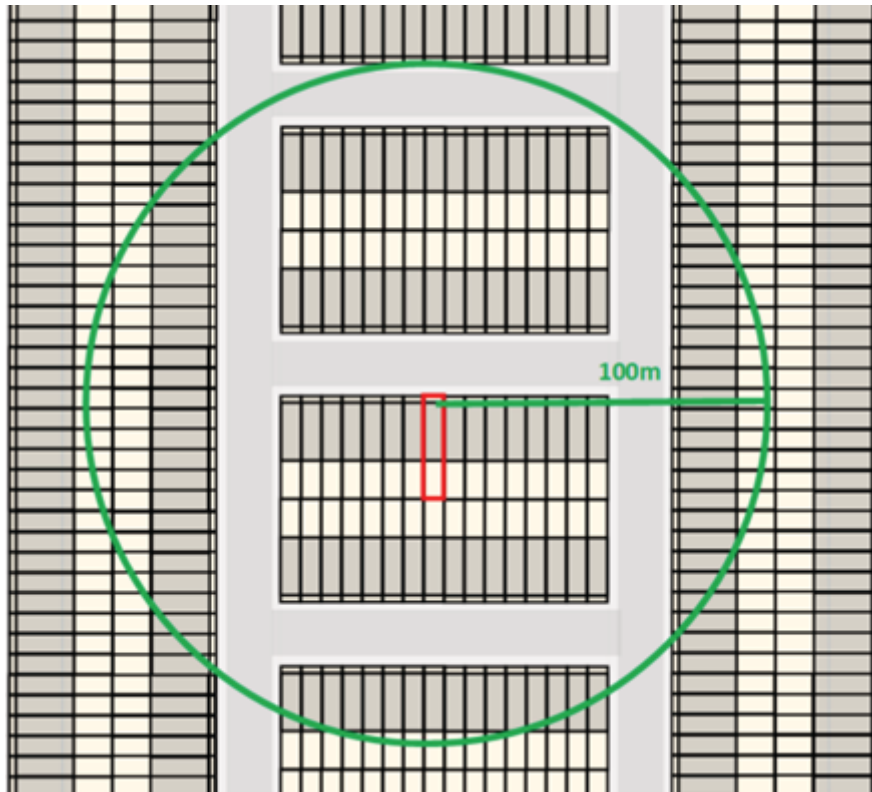
9.13 The ventilation of buildings is addressed through the Building Regulations, in particular Approved Document F.

9.14 It is acknowledged that, in the event of there being inadequate ventilation, there could be consequences with respect to the formation of damp and mould. Should that be the case, it is hereby highlighted that the Council's website (<https://swale.gov.uk/housing-council-tax-and-benefits/housing/damp-and-mould/tackling-damp-and-mould-advice-for-tenants>) provides assistance and guidance that may be of use to occupiers of such properties within these conditions.

10 Appendix A - HMO Concentration Assessment

Step 1 – Establish Assessment Area

10.1 Identify the location of the proposed HMO and the position of its front door and the spread of a 100m Assessment Area from that centre point.



Picture 10.0.1

Step 2 – Count the number of dwellinghouses within that Assessment Area

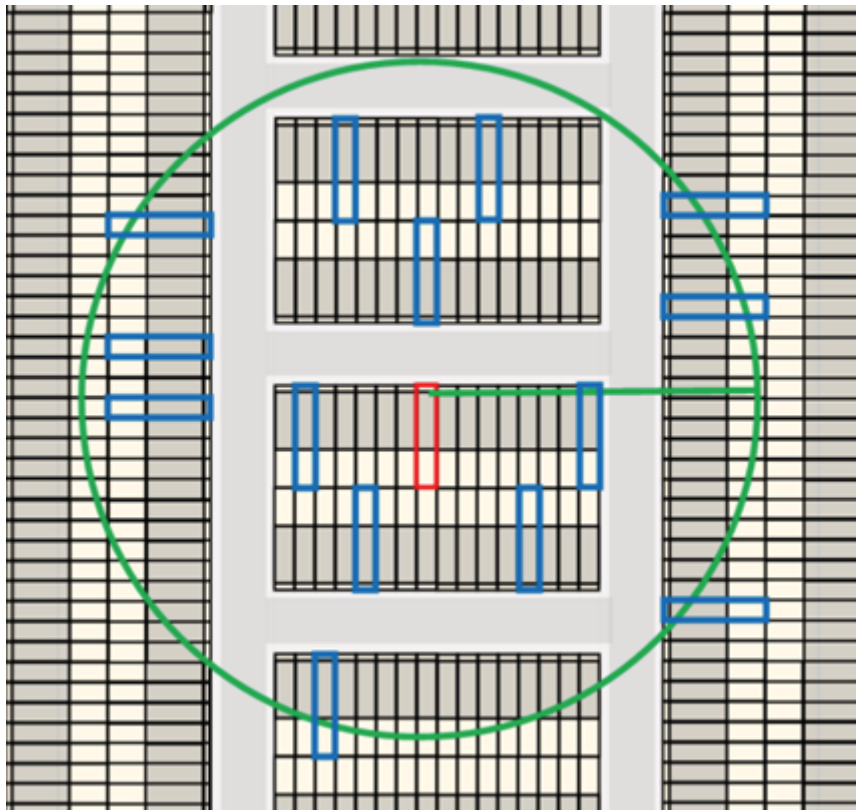
10.2 This includes all dwellings and parts of the planning unit of those dwellings (gardens) that fall within the 100m Assessment Area.

10.3 All buildings other than dwellings and flats are discounted.

10.4 As a working example, there are 146 dwellings in the Assessment Area shown above.

Step 3 – Establish the location of other HMOs within that Assessment Area

10.5 To do so, the Council will use Council Tax, HMO License and Planning records. (These have been demarked in blue on the following diagram. There are 14 currently present in the Assessment Area shown below)



Picture 10.0.2

Step 4 – Undertake Assessment

10.6 Calculate whether the existing or resultant situation would meet the 10% threshold of residential properties (or 30% in an area of mixed use or commercial properties with fewer than 10 residential properties).

10.7 Using the working example above, where there are 146 dwellings within the Assessment Area and 14 HMOs, the addition of an HMO would bring the total to 15 and so the number of HMOs would exceed the 10% threshold.

Question 5

Will the HMO SMD be effective in terms of maintaining the local character of the different areas within the Swale Borough?

Question 6

Will the HMO SPD be effective in terms of maintaining living conditions for existing residents of an area?

Question 7

Are there any other issues that we need to consider?