

# Interim Houses in Multiple Occupation Policy

## Introduction

- 1.1 A House in Multiple Occupation (HMO) is defined as a building or flat in which three or more people live, forming two or more households, and share basic amenities, such as a bathroom, toilet or cooking facilities.
- 1.2 Under planning rules dwelling houses occupied by people living together as a single household (Use Class C3) can change to a small HMO with between three and six residents (Use Class C4) without the need for planning permission. This is referred to as 'permitted development.' HMOs occupied by more than six residents are 'sui generis' and require planning permission. Where local authorities consider that there is a local need to control the spread of HMOs, they can remove permitted development rights through a mechanism called an Article 4 Direction.
- 1.3 County Durham has three existing Article 4 Directions for changes of use to HMOs in Durham City and defined areas of Framwellgate Moor, Newton Hall, Pity Me, Mount Oswald, Carville and Belmont (hereafter referred to as the Durham City Article 4 areas). The Article 4s and their boundaries can be found at: [www.durham.gov.uk/article/2499/Multiple-occupancy-homes](http://www.durham.gov.uk/article/2499/Multiple-occupancy-homes). These were progressed due to certain areas experiencing concentrations of HMO properties predominantly occupied by students, to the detriment of maintaining mixed and balanced communities. The current County Durham Plan Policy 16 sets a limit that HMOs occupied by students (properties with a class N student exemption from council tax charges) should not exceed more than 10% of the total number of residential units within a 100-metre radius. There are specified exemptions such as in predominantly commercial areas.
- 1.4 There is now evidence the number of HMOs has increased outside of the Durham City Article 4 areas. The council has therefore taken forward a further Article 4 to remove permitted development rights across the remainder of the county, and this will come into effect on 17 August 2026. A policy is now also needed for HMOs outside of the Durham City Article 4 areas. The County Durham Plan is being reviewed, however, an Interim HMO Policy is being progressed ahead of this to ensure when the new Article 4 comes into effect all stakeholders will have clarity on how applications for HMOs will be determined.
- 1.5 The Interim HMO Policy will apply to parts of the county outside of the Durham City Article 4 areas. This area is shown on the map in Appendix A. CDP Policy 16 will continue to apply and the Interim HMO Policy does not change its status.
- 1.6 The Interim HMO Policy will be a material consideration in determining planning applications for HMOs outside the Durham City Article 4 areas. It will be superseded on adoption of the new County Durham Plan.

### **Interim Policy 1: Houses in Multiple Occupation outside of Durham City**

Houses in Multiple Occupation (HMOs) outside of the Durham City Article 4 areas (as shown on the map in Appendix A) will only be permitted where the development meets all the following criteria:

- a) it would not lead to three or more of the ten nearest properties being HMOs (as identified through mandatory and selective licensing data);
- b) it would not lead to 'sandwiching' of a dwelling between two HMO properties where there are adjoining curtilages (as identified through mandatory and selective licensing data) or an HMO and a property that is not a dwelling;
- c) a management plan is provided which demonstrates impacts on neighbour amenity would be acceptable; and
- d) it will provide a high standard of amenity for occupants and protect neighbouring amenity by meeting the requirements set out in Tables 1 and 2.

## **Justification**

- 1.7 The National Planning Policy Framework is underpinned by a requirement to deliver a sufficient supply of homes, including an appropriate mix of house types for the local community. Planning policies and decisions are to create places that provide a high standard of amenity for existing and future users, and do not undermine the quality of life or community cohesion and resilience.
- 1.8 It is recognised HMOs can provide a more affordable form of accommodation for a wide range of groups including professionals, students, migrants, and people on low incomes, however, an overconcentration of HMOs within a locality can have a negative impact on residential amenity and change the overall character of an area. Higher occupancy levels can increase pressure on on-street parking. Increased levels of noise and disturbance can result from multiple unrelated households living together. Inadequate refuse storage can potentially result in waste build-up. In addition, the space standards within properties converted to HMOs often fall below those required in conventional housing, which could result in cramped living conditions and reduced quality of life for occupants. A lack of private outdoor amenity space can also limit opportunities for relaxation and everyday activities and negatively affect the well-being of residents. Other negative impacts can include a loss of family housing and impacts on community cohesion due to the presence of a more transient population. These factors highlight the need for clear guidance on what is expected of any proposed HMO in County Durham.
- 1.9 Since the adoption of the current CDP there has been an increase in the number of HMOs outside of Durham City with localised concentrations. A policy is therefore needed to maintain mixed and balanced communities and ensure a high standard of amenity is maintained both for occupiers of HMOs and surrounding communities.

## Explanation

- 1.10 Licensing data provides the most reliable source of data for HMOs outside of the Durham City Article 4 areas and is the data to be used in assessing proposals against interim policy 1. An HMO must be licensed under the mandatory licensing scheme if the entire house or a flat/apartment is occupied by five or more persons forming two or more households. Within selective licensing areas, all HMOs require a selective licence (even those with less than five occupants), with the exception of a number of defined exemptions.<sup>1</sup> In applying the interim HMO policy the location of existing HMOs will be based on mandatory and selective licensing data which is available at: <https://propertylicensing.durham.gov.uk/public-register> It should be noted the register includes both licensed HMOs and houses rented to single households and this is clarified in the property description.
- 1.11 To reduce the potential for over-concentrations the policy adopts a simple approach of seeking to allow no more properties being HMOs where it would result in three or more of the ten nearest properties to the application property being HMOs. This is measured taking the UPRN of the property as shown in figure 1. UPRN data can be found at: <https://osdatahub.os.uk>. In the case of flats, each individual flat is to be regarded as one property for the purposes of this calculation. Where the application property is a flat, flats on the same floor are counted first within the ten.



Figure 1. Example of how 10 closest properties will be measured

---

<sup>1</sup> local housing authorities or registered social landlords (housing associations) tenancies; holiday lets; a family member renting the property from a relative; long lease tenancies (21 years); business tenancies; properties where the council have taken action to close the property down; licensable HMOs under part two of the Housing Act 2004 (i.e. properties already requiring a mandatory licence); temporary exemption notices; empty properties; and temporary exemption notices for up to three months if the property is in the process of being sold and there are signed contracts for exchange.

1.12 Sandwiching occurs when a dwelling has an HMO or other property that is not a dwelling on either side of its adjoining curtilage. This has the potential to lead to amenity issues for the dwelling due to the greater intensity of use of HMOs. Examples of sandwiching are shown in figure 2.

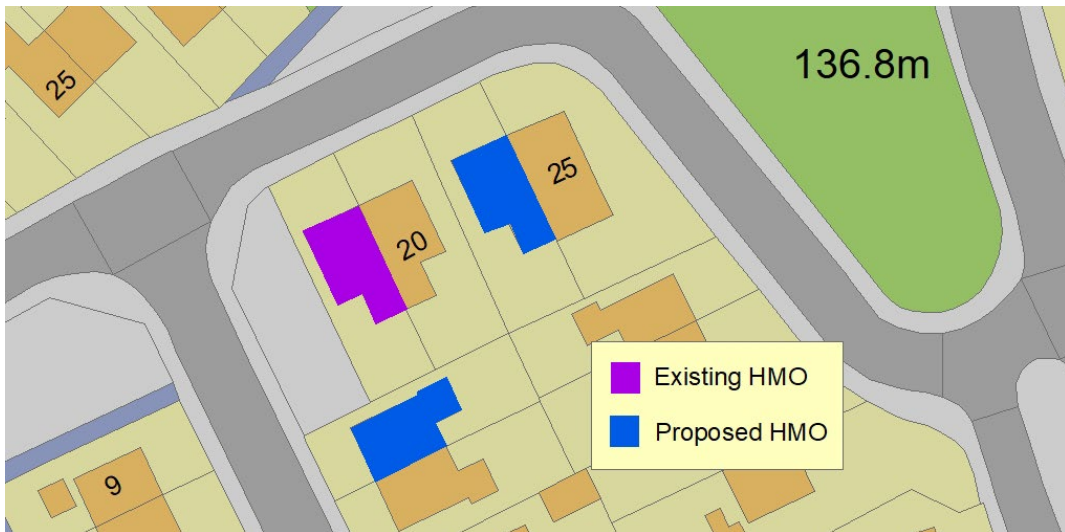


Figure 2. Example of where proposed HMOs would result in sandwiching

1.13 To ensure HMOs provide a high level of amenity for occupants and to protect neighbouring amenity proposals will need to demonstrate they meet the standards in tables 1 and 2. These standards are consistent with licensing requirements and Nationally Described Space Standards (NDSS).

Use of Room	Single Bedroom	Double/Twin Bedroom	Other Considerations
Bedroom	9.5m <sup>2</sup>	11.5m <sup>2</sup>	Proposed plans shall include indicative layouts to demonstrate the bedroom is functional in both design and layout.
Bedroom with cooking facilities.	13m <sup>2</sup>	20m <sup>2</sup>	See text above.

Table 1a. Minimum space standards for HMOs

<b>Shared rooms for groups</b>	<b>1-5 people</b>	<b>6-10 people</b>	<b>Other Considerations</b>
Living Area	11m <sup>2</sup>	16.5m <sup>2</sup>	<p>Proposed plans shall include indicative layouts to demonstrate the living/kitchen/dining area is functional in both design and layout, for example with space to accommodate sufficient seating for all occupants.</p> <p>If an HMO is proposed to house more than 10 people, then 3m<sup>2</sup> per additional person shall be added to the total floor area of all shared/communal rooms (i.e. living, kitchen and dining areas).</p>
Kitchen Area	7m <sup>2</sup>	10m <sup>2</sup>	See text above.
Kitchen/Dining	11.5m <sup>2</sup>	19.5m <sup>2</sup>	See text above.
Kitchen/Dining/Living	22.5m <sup>2</sup>	26.5m <sup>2</sup>	See text above.
Bathrooms	1 bathroom is required per 5 occupants.	1 bathroom is required per 5 occupants.	A separate WC facility shall be provided in addition to the minimum bathroom requirements. In properties where only one bathroom is achievable, WC facilities shall be separated from shower/bathing facilities.

<b>Shared rooms for groups</b>	<b>1-5 people</b>	<b>6-10 people</b>	<b>Other Considerations</b>
Gross Internal Floor Area	The total floorspace of HMO properties shall meet the NDSS for the number of persons in the property.	The total floorspace of HMO properties shall meet the NDSS for the number of persons in the property.	

Table 2b. Minimum space standards for HMOs

<b>Amenity Consideration</b>	<b>Requirements</b>	<b>Other Issues</b>
Car Parking Provision	<p>Developers are expected to provide an adequate amount of safe parking which is appropriate in scale, location and reflects the context of the development. Car parking shall be provided at a minimum ratio of one less allocated in curtilage parking space than the number of bedrooms within the property. For example, a three bedroom HMO should provide two in curtilage car parking spaces.</p> <p>Reduced parking provision may be acceptable if the proposed HMO is in a built-up, sustainable location with access to public transport. In these circumstances, applicants will be required to outline relevant information alongside their submission to justify the lesser parking provision.</p>	One active EV changepoint is required per property.
Cycle Parking Provision	Secure cycle parking shall be provided at a ratio of one space per occupant.	Cycle parking shall be enclosed, secure, sheltered and overlooked. The storage space shall be sufficient for the number of bikes. This helps people to make full use of their homes by freeing up space indoors and preventing liveable rooms and

<b>Amenity Consideration</b>	<b>Requirements</b>	<b>Other Issues</b>
		hallways becoming storage areas for bikes.
Waste and Refuse Storage	All proposals shall benefit from adequate waste, refuse and recycling storage, commensurate to the level of occupancy. Waste and refuse storage shall be contained within the curtilage of the application site and situated in discreet locations to ensure the maintenance and visual amenity of the public realm.	
Outdoor amenity spaces	All HMO development shall benefit from a good-quality private outdoor amenity space, which is of an appropriate size to allow sufficient room for activities (e.g. seating, gathering, socialising, drying clothes);and shall provide high levels of privacy and amenity for occupants. These spaces shall be in addition to space for cycle and refuse storage and adjacent to the dwelling and easily accessible to all occupants of the property.	<p>A contribution towards green infrastructure/open space improvement is necessary to make development acceptable in planning terms, on account that the future residents of HMOs would be using the open space in the vicinity and wider area in which the accommodation would be situated.</p> <p>The Developer Contributions, Viability and Affordable Housing SPD sets out the method to calculate the level of contribution required. It sets out that it costs £1,581 per person to provide new open space to meet the County Durham standard for open space (to be borne by the developer as part of the development scheme).</p> <p>While the household size of 2.2 is set as the default multiplier for dwellings based on Census data, HMO bedrooms are most commonly single-occupancy and therefore for HMO development a multiplier of 1 per</p>

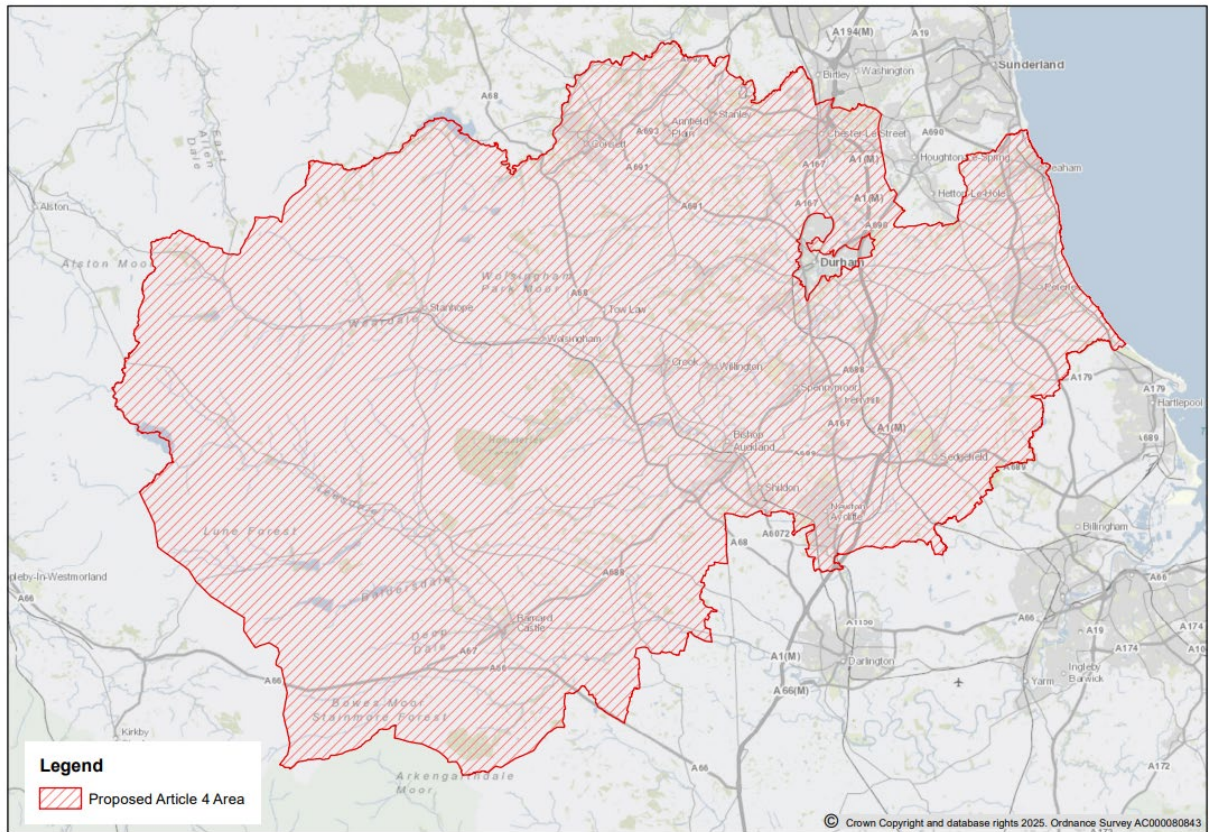
Amenity Consideration	Requirements	Other Issues
		<p>bedroom shall be used. Where a dwelling is being converted to an HMO contributions should be based on the uplift in the number of occupants. For example for change of use to a 4 bed HMO the calculation would be as follows:</p> $4 - 2.2 = 1.8$ $1.8 \times \text{£}1,581 = \text{£}2,845.80$ <p>Where the council are willing to accept a contribution to improve existing facilities off site, a 50% reduction in the above calculation will be applied in recognition that the cost to upgrade facilities can be less providing new facilities altogether.</p> <p>Applicants are required to submit their off-site contribution calculation as part of their application.</p>
Natural Light and Ventilation	<p>All habitable rooms must benefit from an openable window which is capable of providing sufficient natural light and ventilation. Windows for sleeping areas must also be capable of being securely left open to provide ventilation without detriment to the safety of the occupant.</p>	
HMO Management Plan	<p>A management plan must be submitted alongside all proposals for HMO development including, but not limited to, details of:</p> <ul style="list-style-type: none"> <li>Name and contact details of both the licence holder and any person(s) who will be appointed as a</li> </ul>	<p>With regards to the instruction and/or training of tenants with regards to fire safety and procedures, this must include but not be limited to; the understanding of alarm systems, the importance of the fire doors and protecting the escape route,</p>

Amenity Consideration	Requirements	Other Issues
	<p>manager/agent in connection with the running of the property, including those to be contacted in the event of an emergency.</p> <ul style="list-style-type: none"> <li>• Fire, health and safety procedures for the property (including locations and types of fire precautions and equipment); and details of how tenants will be appropriately informed and/or trained regarding all fire precautions and equipment provided in the accommodation.</li> <li>• The level of occupancy (single-occupancy, double-occupancy/room-sharing).</li> <li>• Details of maintenance and cleaning procedures, including for communal areas and the upkeep of garden or other external areas, and bin management.</li> <li>• How any reports of anti-social behaviour will be addressed.</li> </ul>	<p>keeping the escape route free of obstructions and the use of firefighting equipment.</p>

Table 3. Other Amenity Requirements

1.14 When submitting a planning application which involves the creation of a new HMO, applicants shall provide their own assessment of how their proposals meet the requirements of this guidance using the checklist template in Appendix B.

## Appendix A: Area Interim HMO Policy applies to



## Appendix B: Interim HMO Policy Checklist Template

Criteria	Applicant's assessment (Figures required where relevant)
Will the proposal result in three or more of the ten nearest properties being HMOs ( <a href="#">as identified through mandatory and selective licensing data</a> )?	
Will the proposal result in 'sandwiching' of a dwelling between two HMO properties where there are adjoining curtilages ( <a href="#">as identified through mandatory and selective licensing data</a> ) or an HMO and a property that is not a dwelling?	
Do the bedrooms within the property meet the minimum space standards set out in Table 1?	
Do the shared/communal rooms (i.e. living, kitchen and dining areas) meet the minimum space standards set out in Table 1?	
Have indicative layouts been provided to evidence all bedrooms and communal rooms will be functional?	
Does the property meet the required number of bathrooms per occupant, and include a separate WC facility?	
Does the gross internal floor area meet the NDSS standard for the number of people in the property?	
Does the proposal meet the required in-curtilage parking provision requirements set out in Table 2? (i.e. a minimum ratio of 1 space less than the number of bedrooms proposed). If not, what is your justification for lesser parking provision?	
Does the proposal meet the secure cycle parking requirements as set out in Table 2?	
Does the proposal include adequate waste, refuse and recycling storage, which is commensurate to the level of occupancy, as set out in Table 2?	
Does the proposal provide good-quality, private outdoor amenity space for occupants, which meets the requirements set out in Table 2?	
Using the calculation set out in Table 2 what level of financial contribution is required to off-site open space?	

<b>Criteria</b>	<b>Applicant's assessment (Figures required where relevant)</b>
Do all habitable rooms meet the requirements for natural light and ventilation, as outlined in Table 2?	
Has an HMO Management Plan been provided which meets the requirements set out in Table 2?	