Outlook

10% CAP ON HMO

From John Herbert [redacted]
Date Tue 29/09/2026 20:26
To Local Development Plan <ldp@derrystrabane.com>

1 attachment (80 KB)
CRAM POP proposals to group.pdf;

Dear Sir/Madam,

I would like to reach out to you in regards to the proposal regarding POP.
This will have a hugely negative affect on local family's and even small businesses who depend on the ongoing use of shops cafes by local families all year around and not just the months that students reside in the area. If oversaturation is allowed to happen then the grass roots of our community will be ultimately destroyed and consigned to the memories of better days. A lost treasure that will never return. This city was build on the grass roots of the family unit, the bread and butter of every thriving society. Pushing these grass roots out will be inevitable if oversaturation occurs.

I urge you not to breach the 10% cap.

Please consider/ensure the proposels by CRAM

Many thanks,
A resident of Nicholson Terrace.

	Council Preferred Option	Our Preferred Option
4.3 Percentage Cap	Option 1: 10% cap during transition period and 10% outside future HMO Management Areas.	**Option 1: Fully support.** • 10% is recognised as a tipping point above which communities are adversely affected. • 10% still allows for HMO development distributed in a more equitable way. • The evidence on which the council proposed 30% is now recognised as out of date and inaccurate (EVB 16b).
4.4 HMO Management Areas	Option 2: Designate HMO Management Areas where up to 30% HMOs would be permitted.	**Option 1: 10% everywhere** • We believe 10% should apply everywhere in the city and district. This is fair to everyone who lives here. • A 10% threshold coupled with other forms of accommodation including PBSA can satisfy housing demand.
4.5 Concentration / Sandwiching	Option 3: Anti-sandwiching and adjoining-HMO controls, without a radius test.	**Option 2: Bristol-style approach.** • This option introduces anti-clustering and anti-sandwiching protections, and considers the impact of HMO in adjoining streets. • This approach provides a clearer and quantifiable method for calculating HMO density.
4.6 Definition of Dwelling Units / Houses	Option 2: Exclude flats/apartments, blocks of flats and short-term lets from the denominator.	**Option 3:** exclude flats/apartments ≤100m^2, short-term lets, NIHE/HA dwellings, etc. • This option better records the impact on residential communities of ALL types of transient housing which have the same impact as HMO (such as holiday lets or emergency housing).

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4.7 Definition of Street / Area	Option 2: Consider adjacent and nearby streets using professional judgement.	**Option 3: Defined radius or wider area assessment.** • Similar to 4.5 option 3 gives a 10% HMO cap across the city and district. • Option 3 introduces a 50m boundary that prevents reliance by planners on 'professional judgement' or the use of ambiguous terminology, for example 'nearby' and 'adjoining' as a way of calculating HMO numbers.