Outlook

CRAM POP proposal for HMOs

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To Local Development Plan <ldp@derrystrabane.com>

1 attachment (18 KB)
CRAM POP proposals to group (1) (1).docx;

	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 • The evidence on which the council proposed 30% is now recognised as out of date and inaccurate (EVB 16b).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.