



Comhairle Chathair  
Dhoire & Cheantar  
an tSratha Báin

Derry Cittie & Strabane  
District Council

# LOCAL DEVELOPMENT PLAN (LDP) 2032



**Supplementary Planning Guidance (SPG) – Houses in Multiple Occupancy (HMOs)**  
**DRAFT - August 2025**

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## **DERRY CITY AND STRABANE DISTRICT COUNCIL**

### **LOCAL DEVELOPMENT PLAN (LDP) 2032**



### **Supplementary Planning Guidance**

#### **(SPG)**

### **Houses in Multiple Occupancy (HMOs)**

#### **DRAFT – August 2025**

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## 1.0. **Introduction**

### *Purpose of SPG Guidance*

- 1.1. This guidance has been produced to supplement Planning policies of the Derry City and Strabane District Council (DCSDC) Local Development Plan (LDP) 2032. It relates to the operation of HMO Management Areas, HMO standards and the local Planning / Licensing system for HMOs generally. This SPG is part of a suite of Supplementary Planning Guidance (SPG). It applies to the Derry City and Strabane District Council area, and is intended for use by developers, agents, the public and by Planning officers in the preparation and assessment of Planning applications.
- 1.2. SPG represents non-statutory planning guidance that supports, clarifies and/or illustrates by example the policies included within the current Planning policy framework, including development plans and regional Planning guidance. The information set out in this SPG should therefore be read in conjunction with the existing planning policy framework, most notably the Strategic Planning Policy Statement (SPPS) for Northern Ireland and the DCSDC LDP Plan Strategy 2032. It should also be read as complementary to other retained or emergent SPG, including Planning Practice Notes and design guides.

## 2.0 **What is a House in Multiple Occupation (HMO)**

- 2.1 The Evidence Base Paper EVB 16b, to support the LDP draft Plan Strategy provided background information about HMOs generally – about the nature of HMOs, their occurrence, the Planning context, the positives of HMOs as a key element of the Housing solution, also the planning problems / issues with HMOs, as well as the evolution of the regulations and definitions of HMOs. See: [www.derrystrabane.com/getmedia/1932b35e-99fa-47c6-9129-fc42c84fc134/46-DS-226-EVB-16b-HMO-Study.pdf](http://www.derrystrabane.com/getmedia/1932b35e-99fa-47c6-9129-fc42c84fc134/46-DS-226-EVB-16b-HMO-Study.pdf)
- 2.2 The LDP Plan Strategy (para 16.100) uses the latest official definition, which is in the Houses in Multiple Occupation Act (NI) 2016: the definition of a HMO is “a building or part of a building is a “house in multiple occupation” if—
  - (a) it is living accommodation,
  - (b) it is occupied by 3 or more persons as their only or main residence,
  - (c) those persons form more than two households, and
  - (d) rents are payable or other consideration is to be provided in respect of the occupation by at least one of those persons of the living accommodation.”

See: <https://www.legislation.gov.uk/nia/2016/22/contents>



- 2.3 The Planning (Use Classes) Order (NI) 2015, includes Houses in Multiple Occupation as a *sui generis* use. This means that a material change of use to a HMO, usually from a single-household dwelling, requires planning permission in all instances. A HMO is a single residential unit, whether a lettable house or a flat / apartment.
- 2.4 HMOs provide affordable accommodation for students, young professionals, migrant workers and single person households. Therefore, HMOs provide good quality, short term and long-term housing accommodation, which helps to address the high levels of ‘housing need’ – which is a key strategic objective of the Council’s LDP and Inclusive Strategic Growth Plan (Community Plan). The demand for HMO accommodation, particularly student accommodation, is likely to increase over the LDP period mainly in response to the growth of the Magee Campus of Ulster University (UU) and North West Regional College (NWRC), as well as the increase in young professionals, migrant workers (including for the healthcare sector) and young adults generally. The City and District needs HMO’s, are an important part of the housing provision, together with new houses, flats / apartments and purpose-built student accommodation. It will be necessary to accommodate HMO’s in a planned manner, balancing the increased supply with the need to protect residential amenity, parking and other planning considerations.



### 3.0 **Policy Context**

#### Regional Planning Policy and Guidance

##### *Regional Development Strategy (RDS) 2035*

- 3.1 The Regional Development Strategy (RDS) 2035 provides an overarching strategic Planning framework to facilitate and guide the public and private sectors. The RDS contains guidance to provide policy direction in relation to the economy, society and environment and spatial framework guidance tailored to each component of the

spatial Planning framework. It sets the context in which to make policy and development decisions in order to achieve sustainable development throughout the region.

- 3.2 There is no specific guidance relating to HMOs in the RDS 2035. However, it does seek to promote sustainable patterns of development and recognises that the development of balanced communities should be encouraged by promoting a mix of housing tenures and types. In addition, the creation of quality built environments can contribute to the achievement of safe, complete and balanced communities.

*Strategic Planning Policy Statement (SPPS) for Northern Ireland (2015)*

- 3.3 The Strategic Planning Policy Statement (SPPS) identifies core principles to inform plan-making and decision-taking. There is no specific guidance within the SPPS relating to HMOs. However, the policy approach for housing must be to facilitate an adequate and available supply of quality housing to meet the needs for everyone; promote more sustainable housing development within existing urban areas; and the provision of mixed housing development with homes in a range of sizes and tenures. This approach to housing will support the need to maximise the use of existing infrastructure and services and the creation of more balanced sustainable communities. The SPPS also asserts the principle that the planning system operates in the public interest of local communities and the region, not private interests, but that proposals should not unacceptably affect amenities, assessing them against good neighbourliness and fairness.

*Houses in Multiple Occupation Act (NI) 2016*

- 3.4 From 1 April 2019, the Houses in Multiple Occupation Act (NI) 2016 came into effect, which makes it a statutory requirement for all HMOs in Northern Ireland to be licensed. Whilst this is not legislation for planning purposes, it is related / overlapping and complementary to the management of HMOs under the land use Planning system. See: <https://www.legislation.gov.uk/nia/2016/22/contents>
- 3.5 The HMO Licensing Scheme replaced the HMO Registration Scheme, which was managed by the NI Housing Executive up to 2019. Any HMOs that were 'registered' in accordance with the statutory Registration Scheme were converted to 'licences' on the 1 April 2019. All HMOs are now required to be licensed, usually renewable every 5 years, by the Environmental Health Department of the Council and this is administered on their behalf by NI HMO, based in Belfast City Council. NI HMO operates a public register of HMOs in the Derry City and Strabane District: [https://nihmo.belfastcity.gov.uk/registers/index.html?fa=licence\\_register](https://nihmo.belfastcity.gov.uk/registers/index.html?fa=licence_register)  
See further details on HMO Licensing at Appendix 1 of this SPG document.

## Local Planning Policy

### *LDP Plan Strategy*

- 3.6 The LDP 2032 Plan Strategy (PS) provides the strategic planning policy framework for the District across a range of topics. It sets out the vision for this Council area – aligned with the Strategic Growth Plan (Community Plan), as well as the objectives and strategic Planning policies required to deliver that vision. It also includes a suite of topic-based operational planning policies, including those relating to HMOs. The LDP Plan Strategy considers the need for housing in the City and District and seeks to provide for adequate numbers and a variety of housing types so as to meet that need.
- [www.derrystrabane.com/getmedia/a1974c5e-68ce-4db6-812c-871b208a7a16/DC-SDC-LDP-Plan-Strategy.-Print-friendly.-Adopted-10th-July-2025.pdf](http://www.derrystrabane.com/getmedia/a1974c5e-68ce-4db6-812c-871b208a7a16/DC-SDC-LDP-Plan-Strategy.-Print-friendly.-Adopted-10th-July-2025.pdf)
- 3.7 Policy HOU 13: Houses in Multiple Occupation (HMO) Management Areas, is designed to enable HMO proposals to come forward and be suitably managed in terms of numbers and location, while not impacting on the existing established character and amenity of the immediate and surrounding areas.
- 3.8 Within designated HMO Management Areas, planning permission will only be granted where the numbers of HMO dwelling units does not exceed 30% of all dwelling units within the policy area. Outside of HMO policy areas, planning permission will only be granted for further HMO development where the number of HMOs does not exceed 10% of dwelling units on that road or street. In the transition period until the LDP Local Policies Plan is adopted, the Council will not permit more than 30% of any of the houses within any street to be granted for HMO development.
- 3.9 Houses for HMO development / conversion must accord with the licensing requirements, including space standards, as set out in the Houses in Multiple Occupation Act (NI) 2016.
- 3.10 Under Policy HOU 14: Houses in Multiple Occupation (HMO), planning permission will only be granted for HMO development where all of the following criteria are met:
- Any proposed HMO unit does not exceed 4 bedrooms;
  - The original property is greater than 150 square metres gross internal floor space, in accordance with the space standards for HMOs, when any house is being converted to flats for HMO use;
  - All HMO units are self-contained (i.e. having separate bathroom, w.c. and kitchen available for use only by the HMO unit occupiers);
  - Any HMO unit is not wholly in the rear of the property and without access to the public street;
  - The proposal does not detract from the established residential character of the area.

- 3.11 Applications which do not meet all of the above criteria will normally be refused. However, in exceptional circumstances, it may be demonstrated that there is an exceptional local need to justify lowering some of the criteria requirements.
- 3.12 The following section of this SPG document provides guidance on the implementation of Policies HOU 13 and HOU 14, as well as on a number of other LDP PS Policies that may be related to HMOs, including GDPOL 1: General Development Management Policy, TAM 9: Car Parking and Servicing, HOU 12: Flats and Apartments. and HOU 17: Large-Scale Managed Student Accommodation.

#### **4.0 LDP PS Policy HOU 13 - HMO Management Areas**

##### **HMO Management Areas**

- 4.1 Policy HOU 13 (HMO Management Areas) aims to provide opportunities for a managed amount of HMOs so as to meet the identified housing requirements yet protecting the established character of existing areas from potential amenity impacts that could arise from the over-concentration of HMOs in a locality. This will be achieved by restricting the number / percentage of HMOs in an area.
- 4.2 HMO Management Areas (HMO MAs) will be identified and defined at LDP Local Policies Plan (LPP) stage. The detailed criteria for identifying the HMO MAs will be agreed by the Council at the LPP stage, taking account of input from the various stakeholders.
- 4.3 As stated in HOU 13, planning permission will only be granted where the numbers of HMO dwelling units does not exceed 30% of all dwelling units within the policy area. Outside of HMO Management Areas, planning permission will only be granted for HMO where the number of HMOs does not exceed 10% of dwelling units on that road or street. It is considered that a threshold of 30% (3 in 10 dwelling units) would allow a reasonable number of HMOs without causing unacceptable negative impacts on the character of the area in terms of appearance, amenity and parking.
- 4.4 Policy HOU 13 also states that, in the transition period until the LDP Local Policies Plan will define the HMO Management Areas, the Council will not permit more than 30% of any of the houses within any street to be granted for HMO development. This approach was considered and accepted at the LDP Independent Examination (IE). The PAC IE Report (paras. 4.40 to 4.43) concluded that “Given the policy lacuna within DAP, in the transition period until the LPP is adopted, it is reasonable for Policy HOU 13 to state that no more than 30% of any of the houses within any street will be granted for further HMO development. It is appreciated that it is a balancing exercise, drawing on professional planning judgement.” It also notes that “Setting the threshold at 10% within these areas in the interim would however prevent HMOs in suitable locations.”



- 4.5 With this HOU 13 policy in place in order to plan and manage the location, the Council would envisage that no street, road or area in Derry will have more than 30% of its dwelling units as HMOs (other than those areas that are already over 30%). In practical terms, it is envisaged that applications for HMOs will begin to come forward in the other streets in the City (beyond the HMO MAs), up to the respective percentage thresholds.
- 4.6 Therefore, the Council is confident that the HMO policies and other related planning policies in the LDP Plan Strategy will be effective in facilitating the delivery of adequate numbers of HMOs (properly managed) so as to provide much-needed housing, enable the UU expansion and also protect the residential amenity and character of the affected parts of the City. As an integral part of the LDP process, the numbers and locations of HMOs will be Monitored on an ongoing basis, to input to the LDP review process as appropriate. (LDP para 16.186 and Chapter 40.)

#### **Planning Applications for HMO – Generally**

- 4.7 Each planning application will be required to be accompanied by a Planning Statement that sets out the background to their proposal, the LDP PS policies that it is to be assessed against and how they consider that the proposal is an acceptable and sustainable development. In the case of an application for a HMO, the Planning Statement will be expected to set out the basis for the proposed HMO, against Policy HOU 13, including the number / location of current HMOs in the Area / Street and hence that the percentage is within the acceptable levels set out in HOU 13. Similarly, the Planning Statement will state how they believe that the proposal complies with each of the quality criteria in HOU 14, as well as any other relevant policies, and any 'other material considerations' that the applicant wants to be taken into account in the decision-making.

#### **How to Calculate the HMO % in a HMO Management Area or in a Street / Road**

- 4.8 Para 16.102 of the LDP PS states that 'The percentages of HMOs within and outside a HMO Management Area will be assessed by counting the total number of current, licenced and approved HMOs in the policy area divided by the total number of dwelling units in that area'. In the transition period until the LDP Local Policies Plan, this methodology will also be used to assess each discrete street / road that is subject of a HMO planning application i.e. the total HMOs divided by the total relevant properties in that street / road.
- 4.9 The **first part of this calculation** is the total number of HMOs in the policy area or street (i.e. the numerator). The number of HMOs is to be calculated by adding together a) those units that are currently licenced, b) those units with a valid planning permission, and c) any other units that are identified as actually operating

as a HMO in the Area / street will also need to be considered and may be taken into account (see clarification re. each category below).

- 4.10 The HMOs that are currently licenced (a) can be identified from the NI NMO Register (& current applications). Search firstly by 'Council Area' and then by address (and click 'Search'): <https://www.belfastcity.gov.uk/community/houses-in-multiple-occupation/check-the-hmo-licence-register> (Any property that has a recently-expired licence or a current licence application will need to be carefully considered as to its circumstances / eligibility.)
- 4.11 The units with a planning permission (b) can be identified by means of a 'Simple Search' by Street name on the public Planning Portal, at: <https://planningregister.planningsystemni.gov.uk/simple-search> These will be the permissions from recent years, that have not yet been implemented (the implemented ones will likely have a licence, counted under category a), or the permission is in-time so it can still be implemented. It should be noted that CLEUD applications (Certificate of Lawful Existing Use or Development) are not shown on the public Planning Portal, so these will be picked up under category a) or category c).
- 4.12 As for category c), these units will require careful consideration and investigation, on a case-by-case basis. It is possible / likely that, during the processing of a planning application, local residents may report any other 'operating HMOs' that should be considered and possibly taken into account. Such units may be 'established' (5-year immunity from Planning enforcement, though if they were operating as a HMO, they should have had a licence, and may face penalties for non-licensed operation). The planning applicant will need to use local knowledge to identify and account for any such HMO properties. Such properties will be investigated and if there is a breach of Planning control or licencing, the Council will act accordingly. Such clarifications and/or investigation will need to be undertaken promptly in order to establish their status, so as to minimise any delays in the processing of the HMO Planning application.
- 4.13 The **second part of this calculation** is the total number of dwelling units in the policy area or street (i.e. the denominator). For most areas / streets, this will be a relatively straightforward assessment of the number of houses. Any non-dwellings should be excluded but any existing HMOs should be included in the count e.g. if a street has three houses and one HMO and one corner shop (the main use of the building / without a substantial dwelling use); the shop is excluded and there is 1 HMO in 4, so it is 25%.
- 4.14 Upon receipt of each planning application for a HMO, the Council will verify the HMO situation and the existing / proposed percentage. Officers will undertake an initial desk-based count, from OSNI Spatial NI Map Viewer initially and supplemented by Google Maps Streetview, as well as the LPS Rates database; the

clearly non-residential properties e.g. shops, hotels, businesses are to be excluded. Some 'brass-plaque' or non-signage 'houses' would need closer investigation to determine if it is a 'dwelling unit'. If a shop or business premises also contains a substantial dwelling use, the property will be counted as a 'dwelling unit'.

- 4.15 Former 'houses' that have been sub-divided into flats / apartments also need to be carefully considered. Their planning histories can be very complicated and the number of flats / apartments can be difficult to determine. For example, many houses in the City centre streets have been converted in the past to form 1, 2 or 3-bedroom flats, some being done with and others without planning permission. The 3-bed flat may even be a HMO. Some streets will also include an actual block of flats / apartments. The presence of a high number of flats / apartments in a street has the potential to alter the numerical count and the 'residential character' in a street. There will be situations that need careful consideration on a case-by-case basis, especially for non-residential properties, multiple-use properties and flats / apartments.

#### **Take Account of Adjacent Streets Terraces**

- 4.16 Para 16.102 of Policy HOU 13 clarifies that (within or outside HMO MAs, or in the transition period - for streets / roads) the numbers of HMOs in the immediately adjacent streets / terraces (that share the parking and other impacts) will be taken into account, so that an application could be refused even if that street would still be under the percentage threshold. The Council considers that this case will be an exception, used only in locations where there are particularly closely-associated streets and / or there is already a very high concentration of HMOs. The norm will be a straightforward consideration of the percentage of HMOs in a discrete street or HMO Management Area. In those situations where there are particularly closely-associated streets and / or there is already a very high concentration of HMOs, then it would be appropriate for the Council to take this into account (i.e. give it weight in the decision-making), even though technically, these are separate Streets.

#### **How to Decide on the Applicable Street / Road or Area**

- 4.17 The calculation of HMO provision will generally be done on the basis of each discrete street / road that is subject of a HMO planning application. This will apply in the transition period until the adoption of the LPP (in which the HMO Management Areas will be clearly outlined on maps with boundaries) and also afterwards, for those streets / roads outside of the HMO Management Areas.
- 4.18 How the Council determines the unit size of the particular 'street / road' will affect the outcome percentage of HMOs. There will need to be a degree of judgement on a case-by-case basis. As noted by the PAC in its IE report (para 4.42), it is appreciated that it is a balancing exercise, drawing on professional planning judgement. The Council will however seek to apply a consistent and practical

methodology through this SPG guidance, bearing in mind the planning objectives as well as the quantitative calculation. As stated above, the LDP PS does also clarify that the numbers of HMOs in the immediately nearby streets / terraces (that share the parking and other impacts) will be taken into account.

- 4.19 Many of the City's streets / roads are quite discrete, are clearly named, have a start / finishing point and generally have a similar character. Others merge into another street / road, some being particularly long roads, that display several different character areas. Some small streets or terraces or cul-de-sacs are relatively minor side-streets or part of a street that should be assessed as part of the primary street. However, some terraces are discrete, clearly named / numbered, are well-known, are substantial and are 'streets' in their own right. Therefore, the calculation of HMO provision will generally be done on the basis of each discrete street / road that is subject of a HMO planning application. However, in certain cases, the judgement will be to group a street and its side-street(s) or in the case of a particularly long road, to consider the percentage of HMOs over a lesser distance on either side of the application property. This will be a matter for professional planning judgement.
- 4.20 It is considered that there are very few streets / roads in the City that are overwhelmingly commercial / mixed-use and that have very few remaining single dwelling units – such as would make the threshold / percentage-test non-applicable in an area that may be suitable for HMO development. Such cases will be considered against the policy and any relevant material considerations. Again, this will be a matter for professional planning judgement.

### **HOU 13 Link to the HMO Licensing and Standards**

- 4.21 Policy HOU 13 also requires that 'Houses for HMO development / conversion must accord with the licensing requirements, including space standards, as set out in the Houses in Multiple Occupation Act (NI) 2016'. It should be recognised that the HMO Licencing system is separate non-Planning legislation, having different considerations and standards. An applicant for a HMO planning application is therefore not required to have secured the HMO Licence in advance of the planning application, but the submitted Planning Statement should confirm that the proposed HMO is considered to be in general compliance with the licensing requirements, including space standards.

## **5.0 LDP PS Policy HOU 14 - HMOs**

- 5.1 Policy HOU 14 applies qualitative standards for HMOs, as it seeks to manage the type and quality of the HMOs that are approved, as well as to protect the existing amenity and character of established areas, especially residential amenity. The policy places a maximum capacity on bedrooms, restricts sub-division with a minimum space requirement and sets minimum accommodation standards, in order to minimize the potential for amenity impacts arising from HMO development.



- 5.2 The first criteria of Policy HOU 14 is that no HMO unit should exceed 4 bedrooms; this has been included to help manage the impacts on the residential amenity of a specific street / area. Therefore, the Council will apply this criteria generally, so this should be an important initial consideration for HMO applicants, to be clearly addressed in the submitted Planning Statement for any HMO application. Any HMO Planning permission will have a condition attached, to prevent the subsequent conversion of an attic / living room or an extension to provide any additional rooms, without a specific further Planning application.
- 5.3 A HMO should be of modest scale, domestic in character, with adequate room / living standards, fitting-in / appropriate in the City's residential streets / neighbourhoods / communities.
- 5.4 If an existing building or a larger dwelling would be significantly under-utilised and could reasonably accommodate more than 4 bedrooms, the applicant may seek to sub-divide the building into 2 or more HMO properties/flats. Any such Planning application would need to clearly outline such proposals in the accompanying Planning Statement, as well as meeting the second criteria in HOU 14, as well as Policy HOU 12: Flats and Apartments (see below). Each separate HMO flat / apartment (having 3 or more bedrooms / persons) would need to meet the HMO percentage threshold of Policy HOU 13.
- 5.5 Criterion 2 of Policy HOU 14 stipulates that a property cannot be sub-divided for flats unless the original property is greater than 150m<sup>2</sup> gross internal floor space. This measurement will not include externally accessed outbuildings or attic space, unless it has previously been converted / used for bedroom / living space (to Building Control standards – with fixed stairs, adequate windows, etc. It will not be acceptable to the Council for such works to be undertaken within three years prior to the Planning application, or undertaken in order to counter this HOU 14 requirement.
- 5.6 As indicated above, this policy requirement will ultimately mean that the many small terrace dwellings will be granted planning permission to provide a 3 or 4-bedroomed HMO, as they will be prohibited from conversion into flats to provide more bedrooms. The minimum size requirement will also protect the existing housing stock which would be considered appropriate for family occupation if it were to be returned to a single unit.
- 5.7 Criteria 3 & 4 of Policy HOU 14 set quality living standards for each HMO in the City and District, to complement and reinforce the standards set out in the Building Regulations and DfC space standards. The Council feels strongly that there should be good-quality living standards, often being homes for the most-vulnerable people, moving our accommodation away from the historic problems of over-crowding, bedsits and rear-street entry dwellings. These standards should be an early

consideration in the investment and planning process and the Planning Statement should clearly ensure / confirm that they are met.

- 5.8 The 5<sup>th</sup> criterion of Policy HOU 14, that ‘the proposal does not detract from the established residential character of the area’ is complementary to the numeric policy thrust of HOU 13. As previously explained, it is generally considered that by meeting the percentage thresholds, this level of HMOs in a street / Area will not materially change the established residential character. Similarly, the licencing requirements, to ensure the proper management of a HMO, including complaints about anti-social behaviour (ASB) would mean that this would not trigger this criterion. (ASB is generally considered to not be a material Planning consideration – being an issue for the police / community safety wardens and Environmental Health under other non-Planning legislation.) It should be noted that parking pressures would not be considered as something to unacceptably detract from the established residential character of the area.
- 5.9 The Council considers that a change of use to a HMO (usually without notable alterations to the street frontage elevations) in or adjacent to a Conservation Area would not be contrary to the ‘residential character’ of this criterion. Some HMO conversions may require significant internal / external alterations (to provide ensembles, bedroom partitions, fire escapes, etc.) that could unacceptably harm the ‘historic and architectural character’ of a Conservation Area or a Listed Building; however, this would be assessed against the respective Historic Environment policy, rather than HOU 14. If there were to be a proliferation of ‘To Let’ signage, this would be subject to legislation / policy / enforcement on Advertisement Consent (see LDP PS Chapter 14) rather than being contrary to the ‘residential character’ criteria of this Policy HOU 14.
- 5.10 Policy HOU 14 states a strong presumption that HMO applications which do not meet all of these qualitative criteria will normally be refused. It goes on to say that, in exceptional circumstances, it may be demonstrated that there is an exceptional local need to justify lowering some of the criteria requirements. As stated above, the Council’s clear emphasis is that there should be good-quality living standards and that HMOs should be properly managed. Therefore, the expectation is that the HOU 14 criteria should normally be met fully and, if not, the onus would be on any applicant to submit a compelling case within their Planning Statement, so as to demonstrate an exceptional local need to justify lowering some of the criteria requirements.

## **6.0 Other LDP Policies & Considerations**

### **General Development Management Policy GDPOL 1**

- 6.1 This is a wide-ranging Policy that applies to all Planning applications, insofar as the criteria are relevant to the proposal. Policy GDPOL 1 includes amenity tests such as noise, odours, waste, litter, etc. Planning applications for HMOs will be subject

to normal consultation with Environmental Health regarding these aspects of residential amenity. Consequently, there may be a requirement / recommendation of Environmental Health that there should be adequate HMO-management, bin storage, street-cleansing, etc, as well as possibly noise-reduction insulation installed to walls / ceilings dividing HMO or other dwelling units. It should be noted that any external noise / disturbance from HMO residents would be subject to HMO management, Licensing, Environmental Health standards and police, rather than being considered to be contrary to Planning Policy GDPOL 1. These 'amenity' requirements of GDPOL 1 should be assessed on their own merits rather than being used as a proxy for 'over-concentration' or 'residential character' in Policies HOU 13 and HOU 14.

### **HOU 12 Flats and Apartments**

- 6.2 As explained earlier, any flat / apartment with 3 or more bedrooms / persons could be considered a HMO if licenced. Therefore, any HMO flat would, normally, only be permitted within a Flats Policy Area (LDP Plan Strategy, para 16.16) and not within a Flats Prevention Area (para 16.98). The restrictions in this policy will allow the Council to limit the number of HMOs and other flats / apartments. Additionally, each HMO flat would be counted as a separate HMO so would need to be under the HOU 13 threshold for that street / Area.

### **Conversions to Large-Scale Managed Student Accommodation**

- 6.3 LDP PS Policy HOU 17 relates specifically to new large-scale, managed student accommodation and as such, should an applicant wish to convert an existing dwelling unit into large student accommodation (> 4 bedrooms), HOU 17 would not apply. As a conversion of more than 4 bedrooms would fall under the definition of a HMO according to the Houses in Multiple Occupation Act (NI) 2016, HOU 13 & 14 remains the key policy tests applicable to conversions for student accommodation, no matter the proposed quantity of bedrooms. (It is envisaged that most large-scale purpose-built student accommodation schemes will come under the exceptions-from-HMO set out in Schedule 1 to the HMO Act (NI) 2016 i.e. buildings occupied by students and managed by an educational establishment.)

### **Parking**

- 6.4 LDP Plan Strategy Policy TAM 9: Car Parking and Servicing. This policy has a wider recognition of modal change and not providing excessive amounts of parking. It sets out the Parking Zones A & B where there will be a reduced requirement to provide parking (including for HMO proposals) - especially in central and accessible areas that are convenient for walking / cycling and public transport. Elsewhere, the LDP / regional Parking Standards (currently under review) will continue to apply. <https://www.infrastructure-ni.gov.uk/publications/parking-standards>

- 6.5 DfI Roads advises the Council on the parking requirement and they interpret the HMO requirement as being the same as for a domestic dwelling; this approach has been used and accepted by the PAC in recent planning appeals in the City (e.g. A2023/A0077 or 2003/A0080). In practice, 0.6 spaces are required per bedroom so 3 bedrooms = 2 spaces, 4 or 5 bedrooms = 3 spaces. In a conversion from a dwelling to a HMO, any increase of bedrooms would need to demonstrate that they can provide the extra parking space or that there is extra parking capacity in the area, done via robust parking survey/studies. If there is to be no increase in bedrooms, then parking is not an issue. (It should be noted that the argument is frequently made and accepted at appeal, that a 3 or 4-bed house could have 4 adults with cars, so there is the same likelihood as with 3 or 4 HMO occupants.)



## **APPENDIX 1 - HMO Licensing**

- 1.1. From 1<sup>st</sup> April 2019, the Houses in Multiple Occupation Act (NI) 2016 came into effect, which makes it a statutory requirement for all HMOs in Northern Ireland to be licensed (unless a temporary exemption notice is in effect). This is a wide-ranging Act, setting out the meaning of a HMO, the licensing requirements, licence conditions, the room / space / safety standards for HMOs, enforcement and fixed penalties / prosecutions. See: <https://www.legislation.gov.uk/nia/2016/22/contents>
- 1.2. The HMO Licensing Scheme, has replaced the HMO Registration Scheme, which was managed by the Northern Ireland Housing Executive. Any HMOs that were 'registered' in accordance with the statutory Registration Scheme were converted to 'licences' on the 1 April 2019, in accordance with the provisions of The Houses in Multiple Occupation (Commencement and Transitional Provisions) Order (NI) 2019.
- 1.3. The HMO Licensing Scheme is the responsibility of the Environmental Health Department of this Council, but the Scheme is administered by NI HMO, based in Belfast City Council, on behalf of each of the local councils across Northern Ireland. The granting, refusal, variation or revocation of a HMO licence within this District rests with NI HMO. All HMOs are now required to be licensed, usually renewable every 5 years. NI HMO operates a public register of HMOs in the Derry City and Strabane District: [https://nihmo.belfastcity.gov.uk/register/index.html?fa=licence\\_register](https://nihmo.belfastcity.gov.uk/register/index.html?fa=licence_register)

### **HMO Licences:**

- 1.4. Applications and payment for a HMO licence can be made online. The fee for a HMO application depends on the maximum occupancy level of the HMO. The cost per person for the five year licence is currently £185 (Note: subject to change.)
- 1.5. Extensive details of the requirements for a HMO licence can be found at: [Guide Northern Ireland Houses in Multiple Occupation \(belfastcity.gov.uk\)](https://www.belfastcity.gov.uk/Guide-Northern-Ireland-Houses-in-Multiple-Occupation)
- 1.6. The Council will attach conditions to the HMO licence which, if breached, may be revoked. There are standard licence conditions, which apply to all licences: <https://www.belfastcity.gov.uk/Documents/NIHMO/Standard-Licence-Conditions-for-Houses-in-Multiple>
- 1.7. It is a criminal offence to operate an HMO without a licence or breach licensing condition. If an owner / agent / landlord is found not to have a valid HMO licence, the NI HMO Unit may on behalf of the Council take enforcement action, which could result in one of the following actions:
  - variations to the terms of a licence;
  - issue fixed penalty notices (up to £5,000);
  - prosecution (up to £20,000) and/ or
  - revocation of the HMO licence.

