



**Houses in Multiple Occupation  
Draft Supplementary Planning Document**

**December 2021**

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# 1. Introduction

## Overview

- 1.1 Houses of Multiple Occupation (HMOs) are properties rented out to at least 3 people who are not from one household but share facilities like a bathroom and kitchen. Most HMOs are conversions or sub-divisions of larger houses.
- 1.2 HMOs provide an important way of meeting the City's housing needs, particularly for people on low incomes, young professionals, students and the growing number of one person households. At the same time, high concentrations of HMOs can present a challenge to creating mixed, balanced and sustainable communities and impact on residential character and amenity.
- 1.3 This document aims to provide further guidance to support our adopted planning policies on HMOs to ensure that new HMO developments contribute to sustainable and balanced neighbourhoods while protecting residential character and amenity.
- 1.4 The Supplementary Planning Document (SPD) is primarily for use by prospective planning applicants, property developers and landowners, as well as decision makers such as planning officers and elected members. However, it also is intended to help local residents understand how the Council intends to apply its planning policies.
- 1.5 It is important to note that not all HMOs require planning permission. This document relates to the management of planning applications for new HMOs when planning permission is required, but also explains the role of the HMO licencing regime which is a separate process that can relate to both HMOs which do, and do not, require planning permission.
- 1.6 This draft SPD is open to public consultation from 17<sup>th</sup> December 2021 – 28<sup>th</sup> January 2022 and the Council would like to hear your views on its content. Paragraphs 1.8 - 1.9 below tells you how you can submit comments to the consultation.

## Purpose of this SPD

- 1.7 The purpose of this Draft SPD is to:
  - Explain what a HMO is, in planning terms, and identify the circumstances where planning permission could be needed;
  - Identify the national and local planning policies of relevance when considering planning applications for HMOs;
  - Set out detailed guidance that will be used to assess planning applications for HMOs;
  - Provide an overview of HMO licencing requirements; and
  - Provide a checklist of information the Council requires to be submitted with a planning application.

### **How to comment on this draft SPD**

- 1.8 The Council is seeking views on the content of this draft SPD between 13<sup>th</sup> December 2021 – 28<sup>th</sup> January 2022. The document can be viewed online at:

[Beheard HMO SPD](#)

Please submit comments by no later than **28<sup>th</sup> January 2022** to:

[planningstrategy@birmingham.gov.uk](mailto:planningstrategy@birmingham.gov.uk)

- 1.9 We cannot accept anonymous comments and you must provide us with your name and contact details. Your personal data will be processed in line with our Planning Policy Privacy Notice, which is available on the Council's website [Planning Policy Privacy Notice](#)

### **What happens after the consultation period?**

- 1.10 All the comments received by the closing date will be considered and used to inform the final SPD. The consultation results will be reported in a Consultation Statement to the Council's Cabinet. The Council will make a decision about adopting the SPD. Once adopted it would be formal planning guidance and would have to be taken into account when the Council considers any relevant planning applications for HMOs.

### **How this SPD has been prepared**

- 1.11 This SPD has been prepared in accordance with the Planning and Compulsory Purchase Act 2004 and the Town & Country Planning (Local Planning) (England) Regulations 2012 has been informed by national and local planning policies.

### **Sustainability Appraisal and Strategic Environmental Assessment**

- 1.12 There is no legal requirement for Supplementary Planning Documents to be accompanied by Sustainability Appraisal, and this is reinforced in national planning guidance. However, "in exceptional circumstances" there may be a requirement for SPDs to be subject to Strategic Environmental Assessment (SEA) where it is considered likely that they may have a significant effect on the environment that has not already been assessed within the SEA of the Local Plan. A screening assessment is being undertaken to assess whether such an assessment is necessary.
- 1.13 A screening exercise will also be carried out to determine whether the document gives rise to the need for Appropriate Assessment (under the Habitats Regulations).

## 2. Background

### What is an HMO?

- 2.1 In planning terms an HMO is a dwelling (house or flat) that is occupied by a certain number of unrelated individuals who share one or more basic amenities such as a kitchen or bathroom. They are commonly known as shared houses. Please note that certain properties are not classified as HMOs under national legislation, such as those managed by Registered Social Landlords (see paragraph 2.11-2.14).
- 2.2 The Town and Country Planning (Use Classes) Order 1987 (as amended) classifies HMOs as:
- Use Class C4 – accommodating between 3 and 6 unrelated individuals, or;
  - ‘Sui Generis’ - accommodating 7 or more unrelated individuals.

### The requirement for planning permission

- 2.3 Planning permission can be required to change the use of a building to an HMO. The scenarios below identify when planning permission is most often needed.

#### Change of use of a dwelling to a large HMO

- 2.4 The change of use of a dwelling (Use Class C3) to a large HMO accommodating 7 or more unrelated individuals (Use Class: Sui Generis) always requires planning permission.
- 2.5 The same applies in reverse - the change of use of a large HMO (Sui Generis) back to a dwelling (Use Class C3) will require planning permission.

#### Change of use of a dwelling to a small HMO (use Class C4)

- 2.6 Birmingham City Council introduced a city-wide HMO Article 4 Direction on 8 June 2020 which means that planning permission is required to change from a family house (Use Class C3) to a small HMO (Use Class C4) (3-6 people). This applies to all parts of the city.
- 2.7 The change of use of an existing small HMO (Use Class C4) back to a dwelling (Use Class C3) would be ‘permitted development’ not requiring planning permission.

#### Intensifying or expanding an existing HMO

- 2.8 Intensifying or expanding an existing HMO may also require planning permission. For example, an existing small HMO with 6 people would require planning permission for the occupation of 1 further resident where this represents a material change of use. Planning permission is a required for the change of use of an existing small HMO (Use Class C4) to a larger HMO (Sui Generis).
- 2.9 Existing large HMOs may require planning permission for the occupation of further residents if they have a previous planning permission that states the number of residents within the application description, or they have a restrictive condition.

### Change of use to HMOs from other uses

- 2.10 A change of use to an HMO (large or small) from other uses such as a shop or office will normally require planning permission.

### **Properties which are not considered to be HMOs (Exempt accommodation)**

- 2.11 Within the Town and Country Planning (Use Classes) Order 1987 (as amended), C4 HMOs have the same meaning as that given in the Housing Act 2004. Schedule 14 of this Act identifies buildings which are not considered to be HMOs. This includes buildings which are controlled or managed by:
- registered social landlords and housing associations
  - educational establishments
  - religious communities
  - public bodies such as local authorities, health authorities and the police.
- 2.12 Any property falling into the above categories cannot be identified as a HMO and therefore cannot be considered as falling within the C4 use class described above. There are three possible use class categories defined within the Use Classes Order which the above properties can be identified within:
- C3(b) – for properties with no more than six residents living together as a single household and where care is provided for residents; or
  - C3(c) – for properties with no more than six residents living together as a single household where no care is provided to residents; or
  - Sui Generis, which is a category for any uses which do not fit within the other classes
- 2.13 There is no statutory definition of a single household. It has been established by case law<sup>1</sup> that it is a matter of fact and degree.
- 2.14 To determine which use class such properties will fall within; the Planning Enforcement Team have set out the factors that will be considered by the City Council. You can view these on [here](#).

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<sup>1</sup> Court of Appeal in R (Hossack) v Kettering BC [2002] EWCA Civ 886

### **3. Planning Policy Framework**

#### **The National Planning Policy Framework (NPPF)**

- 3.1 The NPPF sets out the Government’s planning policies for England and how these should be applied. To achieve sustainable development, the NPPF expects the planning system to support strong, vibrant and healthy communities as a key social objective. There is no specific reference to shared housing within the NPPF but local planning authorities are required to make provision for the size, type and tenure of housing needed for different groups in the community, including for those who require affordable housing, students, families, and people who rent their homes etc.
- 3.2 Chapter 5 of the NPPF supports local planning authorities to ensure that the delivery of new housing seeks to meet locally identified need and that the needs of groups with specific housing requirements are addressed.
- 3.3 Chapter 11 of the NPPF promotes making *“effective use of land in meeting the need for homes and other uses, while safeguarding and improving the environment and ensuring safe and healthy living conditions.”*
- 3.4 Chapter 12 of the NPPF emphasises the importance of creating high quality, beautiful and sustainable buildings and places which *“which promote health and well-being, with a high standard of amenity for existing and future users.”*
- 3.5 Provision of guidance on HMOs will help to ensure mixed and balanced communities and a high standard of accommodation and amenity supporting the adopted local planning policies as set out below.

#### **Adopted Birmingham Development Plan (2017)**

- 3.6 The BDP, adopted in January 2017, is the city’s key statutory planning document providing a framework and spatial strategy for development in the city to 2031. An update of the BDP commenced in June 2021 and the timetable for the preparation of the new plan is set out in the revised Local Development Scheme.
- 3.7 BDP policies of particular relevance to planning applications for HMOs are summarised below. However, this is not an exhaustive list and consideration will also be given to other relevant planning policies in the local plan.
- PG3 ‘Place-making’ requires all development to achieve high quality design, create safe environments and contribute to a strong sense of place.
  - TP27 ‘Sustainable neighbourhoods’ expects all new housing to create sustainable neighbourhoods.
  - TP30 ‘The type, size and density of new housing’ seeks to ensure that proposals for new housing support the creation of mixed, balanced and sustainable neighbourhoods.
  - TP35 ‘The existing housing stock’ seeks to prevent the loss of housing which is in good condition or could be restored to other uses

### **Development Management in Birmingham Document (the DMB)**

- 3.8 The DMB was adopted by the City Council on 7 December 2021 and carries full policy weight. It is important to consider the development plan as a whole and read the DMB policies alongside the BDP. A summary of the most relevant policies in the DMB to HMOs is set out below. Once again, this is not an exhaustive list and other policies may apply depending on the specifics of the application.
- DM2 'Amenity' seeks to promote and protect high standards of amenity.
  - DM11 'Houses in multiple occupation' aims to ensure that new HMOs preserve residential amenity and that harmful concentrations do not arise. The policy applies to the conversion of existing dwelling houses to HMOs or the creation of new build HMOs.
  - DM12 'Residential conversions and Specialist accommodation' applies to flat conversions (C3 dwellings) and specialist accommodation (as defined in the policy).
  - DM14 'Transport access and safety' ensures that the safety of highway users is properly taken into consideration and that any development would not have an unacceptable adverse impact on highway safety.
  - DM15 'Parking and servicing' requires that the parking and servicing needs of development are appropriately met and balanced with promoting sustainable travel.

- 3.9 The focus of this SPD is to support the implementation of Policy DM11 Houses in Multiple Occupation. Detailed guidance is provided in section X on the criteria set out in the policy.

### **Other planning guidance and policies**

- 3.10 Developers need to be aware that other local plan and supplementary planning documents may be relevant, and this SPD does not reiterate these. All the local plan documents and SPDs are available at [local plan documents and SPDs](#)



## 4. Guidance on the application of Policy DM11 Houses in multiple occupation

### Policy DM11 Houses multiple occupation

- 4.1 Policy DM11 in the DMB applies to the conversion of existing dwelling houses to HMOs or the creation of new build HMOs. All the criteria a) – e) must be met.

#### DM11 Houses in multiple occupation (HMO)

1. Proposals for the conversion of existing dwelling houses or the construction of new buildings to be used as Houses in Multiple Occupation (HMO) should protect the residential amenity and character of the area and will be permitted where they:
  - a. would not result in this type of accommodation forming over 10% of the number of residential properties\* within a 100 metre radius of the application site\*\*;
  - b. would not result in a C3 family dwellinghouse being sandwiched between two HMOs or other non-family residential uses\*\*\*;
  - c. would not lead to a continuous frontage of three or more HMOs or non-family residential uses\*\*\*;
  - d. it would not result in the loss of an existing use that makes an important contribution to other Council objectives, strategies and policies; and
  - e. would not give rise to unacceptable adverse cumulative impacts on amenity, character, appearance, highway safety and parking; and
  - f. provide high quality accommodation with adequate living space including:
    - bedrooms of at least 7.5 sq.m. (single) and 11.5 sq.m. (double); and
    - communal living space comprising lounge, kitchen and dining space either as distinct rooms or in an open plan format; and
    - washing facilities; and
    - outdoor amenity space; and
    - recycling/ refuse storage.
2. Where a) and c) has already been breached, planning permission will only be granted in exceptional circumstances\*\*\*\*.
3. Proposals for the intensification or expansion of an existing HMO should comply with (e) and (f) above, having regard to the size and character of the property.

\* Paragraph 4.17 below sets out the residential properties identified for the purposes of calculating the percentage concentration of HMOs and the data sources for the purposes of identifying HMOs.

#### Applying the 10% threshold

- 4.2 Based on the Council's records, we will calculate the number of HMOs in the relevant area for each individual planning application for an HMO. Applicants may wish to undertake their own estimate of the number of HMOs, but this will need to be supported by evidence. There

is a variety of evidence sources on the location of HMOs as listed in paragraph 4.5 and the applicant is advised to refer to these sources to build a body of evidence which will be assessed as a matter of fact and degree.

- 4.3 The percentage concentration of HMOs surrounding the application site will be calculated through three main stages:

Stage 1 – identifying residential properties

- 4.4 The residential properties identified are those located fully or partially within 100m of the application site (measured from the centre point of the property). For the purposes of assessing applications for HMO development, dwelling houses and HMOs that are located within blocks of flats or subdivided properties are counted as one property. Residential institutions, care homes, hostels and purpose-built student accommodation and other specialist housing are also counted as one property per block. This will ensure that calculations of HMO concentration are not skewed.

Stage 2 – Count HMOs

- 4.5 For the purposes of the policy DM11, the count includes the application site and HMOs are identified from the following sources:

- Properties licensed as an HMO;
- Properties with C4 or Sui Generis HMO planning consent or issued with a Certificate of Lawful Development;
- Declared C4 HMOs; and
- Council tax records – student exemptions for council tax excluding purpose-built student accommodation and private flats

Stage 3 – Calculate concentration

- 4.6 The concentration of HMOs surrounding the application site is calculated as a percentage of the total estimated number of existing HMO units against the total number of residential properties. The policy stipulates that this type of accommodation should not form *over* 10% of the number of residential properties within a 100 metre radius. An application could therefore be refused where it would result in 10.16% of the residential properties being HMOs.
- 4.7 It is accepted that although the HMO sources listed above provide the most robust approach to identifying the numbers and locations of HMOs in an area, it will not identify all HMOs. The Council will not be able to accept unverified or anecdotal evidence of HMOs when calculating the % concentration. Further investigation of individual properties may be required by the planning officer to provide greater confidence in the estimate, but it is emphasised that it will not be possible to guarantee a 100% accurate count in all cases. Where there is significant doubt as to whether a property is an HMO, it will not be counted towards the threshold.

#### How 'Exempt Accommodation' is taken into account

- 4.8 Shared housing that is managed by a registered provider or public body is excluded from the definition of an HMO as explained in paragraphs 2.11-2.14 above. The volume of this type of accommodation has grown rapidly in the city over the last 3 years from about 11,000 bedspaces in 2018 to around 22,000 bedspaces in March 2021. It is recognised that such properties have similar characteristics to HMOs and therefore potentially similar impacts on local areas.
- 4.9 Criteria e. of DM11 provides for “unacceptable adverse cumulative impacts on amenity, character, appearance, highway safety and parking” of proposals for HMOs to be taken into account. It is therefore considered reasonable to consider ‘exempt accommodation’ when assessing the cumulative impact of this type of accommodation.
- 4.10 In addition to HMOs, the Council will also calculate the percentage concentration of ‘exempt properties’ in the relevant area for each planning application. The location of exempt accommodation is identified using data from the Council’s Revenues and Benefits Service System. **Both exempt accommodation and HMOs will therefore be considered together when applying policy DM11 and the 10% threshold.**

#### Examples of scenarios

- 4.11 Example 1 - There are 100 residential properties within 100 metres of an application site for an HMO. Within the 100 metres, 5 are existing HMOs and 5 are existing ‘exempt properties’. The proposal for one further HMO would result in 6% HMOs and 5% ‘exempt properties’ totalling 11% of this type of accommodation within 100 metres of the application site. This means that the application for the further HMO may be refused.
- 4.12 Example 2 – There are 100 residential properties within 100 metres of a site that is proposed for an HMO. Within the 100 metres, there are no existing HMOs but there are 10 existing ‘exempt properties’. A proposal for one further HMO would result in 1% HMOs and 10% ‘exempt properties’ totalling 11% of this type of accommodation within a 100m of the application site. This would mean that the application for the HMO may be refused.

#### Exceptional circumstances

- 4.13 Part 2 of the policy deals with situations where the 10% threshold has already been breached or where there are already more than 3 HMOs or non-family residential uses in a row. In such cases, planning permission may be granted in exceptional circumstances.
- 4.14 Paragraph 4.24 of the supporting text to DM11 sets out exceptional circumstances as: *“The concentration of HMOs in an area may be at such a point where the introduction of any new HMO would not change the character of the area. This is because the vast majority of properties are already in HMO use. In these circumstances the retention of the property as a family dwelling will have little effect on the balance and mix of households in a community which is already over dominated by the proportion of existing HMO households. Therefore, the conversion of the remaining buildings to a HMO would not further harm the character of the area.”*

- 4.15 There may be instances where almost all properties within a terrace are already HMOs with only a very small proportion of Class C3 dwellings remaining in that group. The Council may, by exception, allow the remaining one or two C3 dwellings in a particular terraced group to be converted to HMOs if this would have little impact on the balance and mix of households in that terrace which is already over dominated by the proportion of existing HMOs if it would not cause further harm the character of the area.
- 4.16 It is recognised that owner occupiers or long-term residents in this situation (as described above), could struggle to sell their property for a continued Class C3 use when surrounded by existing HMOs. Each application site will be assessed on its own individual merits when considering whether this exception should be allowed.

#### **Approach to sandwiching**

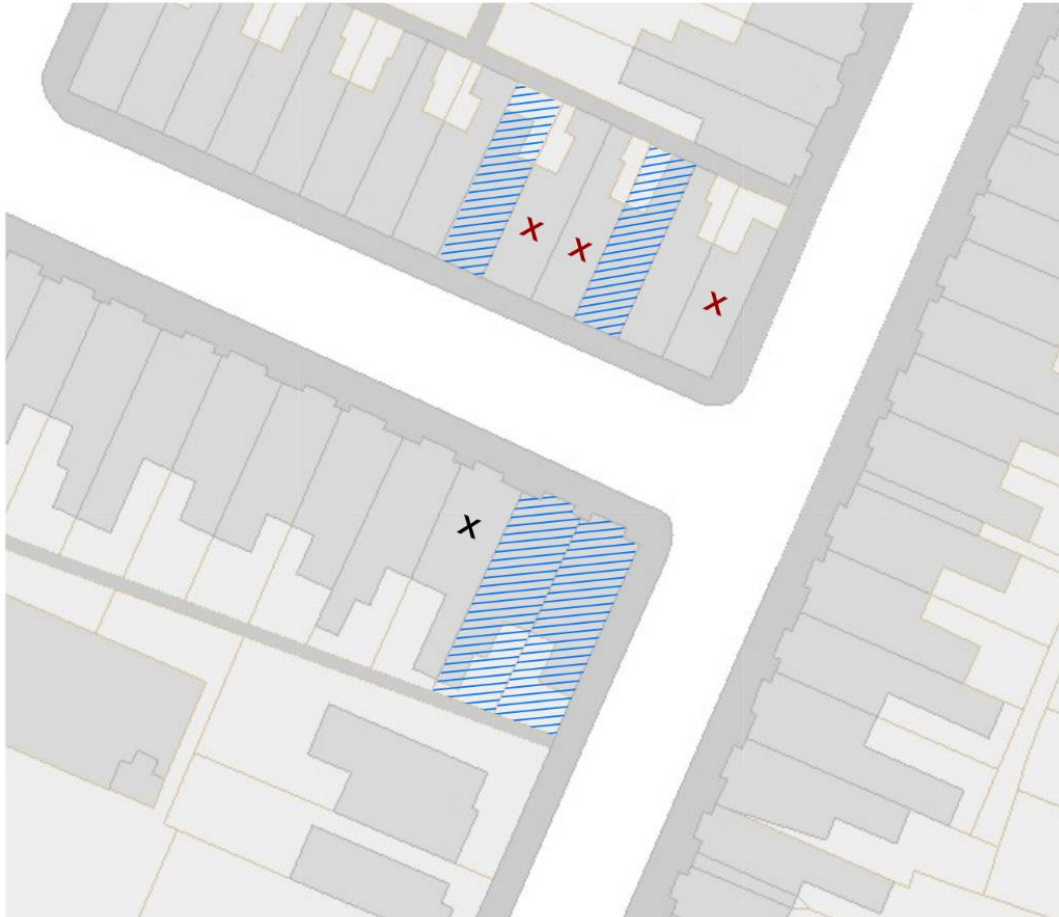
- 4.17 The sandwiching of a family house between two HMOs or non-family residential uses can have adverse impacts on the amenity of occupiers of the property that is hemmed in on both sides by such properties. Policy DM11 aims to prevent proposals for HMOs resulting in a family house being sandwiched between two HMOs or other non-family residential uses.
- 4.18 Non-family residential uses are defined within Policy DM11 as an HMO, student accommodation, residential accommodation within C1 and C2 Use and self-contained flats. Due to the similar characteristics of 'exempt accommodation' to such uses, they will be considered as a non-family residential use for the purposes of the policy.
- 4.19 The sandwiching criterion will apply even if the % concentration of shared housing in the 100-metre radius is at 10% or below. This is to deal with the impact of HMO proposals on residential amenity in the immediate vicinity of an application site, whereas the 10% threshold deals with the proliferation of HMOs at a wider neighbourhood level.
- 4.20 Figure 1 below shows an example of 'sandwiching' and where planning permission would not be granted. This will not apply where the properties are separated by a road or where properties have a back to back relationship in different streets. An alleyway of 1 metre wide or less does not count as an intersecting road. (See Figure 2).

#### **Approach to continuous frontages of three or more in a row**

- 4.21 For the same reasons as the sandwiching criterion, proposals for HMOs should not result in a continuous frontage of three or more HMOs or non-family residential uses in a row and applies even where the concentration of shared housing in the 100 metre radius is at 10% or below. As per paragraph 4.19 above, non-family residential uses are defined as an HMO, student accommodation, residential accommodation within C1 and C2 Use and self-contained flats and includes 'exempt accommodation'.
- 4.22 Where properties are not traditional houses situated along a street frontage, the policy can be applied flexibly depending on the individual circumstances of the proposal. e.g. along a high street where there are two adjoining HMOs and the application will create a third.
- 4.23 Figure 2 shows examples of three or more in a row being created and where planning permission would not be granted. This will not apply where the properties are separated by

a road or where properties have a back to back relationship in different streets. An alleyway of 1 metre wide or less does not count as an intersecting road. (See Figure 3).

**Figure 1: Examples of 'sandwiching' and continuous frontage**









KEY	
	Existing HMO or non-family residential use
	Permission for a HMO will not be granted here due to sandwiching.
	Permission for a HMO will not be granted here due to continuous frontage of 3 or more HMOs and/or non-family residential uses being created.

Figure 2: Example of intersecting road and alleyway



KEY	
	Existing HMO or non-family residential use
	Permission for a HMO could be granted here.
	Permission for a HMO will not be granted here due to continuous frontage of 3 or more HMOs and/or non-family residential uses being created.

- This will not apply where the properties are separated by an intersecting road or where properties have a back to back relationship in different streets. (See Figure 2)
- An alleyway of 1 metre wide or less does not count as an intersecting road. (See Figure 2).
- This will not apply to detached properties (separated on both sides from neighbours) or semi-detached (separated on one side from neighbours) unless the gap between the main part of the properties is less than 1 metre.

### **Loss of family housing**

- 4.24 The Council's Housing Needs Assessment indicates a need for accommodation of all sizes but shows a higher demand for 2, 3 and 4 bed housing. The proportion of households with dependent children in Birmingham is higher than the regional and national average with around 34% of all households containing dependent children. Where there are particular shortages of family accommodation in the area of the application site, the City Council will be sensitive to any such need when considering proposals for HMOs.
- 4.25 Proposals comprising the conversion of existing C3 dwellinghouse to an HMO must demonstrate there is an established lack of demand for the single family use of the property concerned based on local housing market circumstances at the time. Evidence that the property has been openly marketed at a reasonable purchase or rental price for a period of at least six months shall be submitted with the application and verified by a suitable person in a relevant profession, such as an estate agent.

### **Achieving good standards of living accommodation**

- 4.26 All HMO proposals, including proposals to intensify existing HMOs will be expected to provide high quality accommodation with adequate living space. The internal space standards for bedrooms set out in the DM11 are at least 7.5 sq.m. (single) and 11.5 sq.m. (double).
- 4.27 Appropriately sized, proportioned and equipped communal areas and adequate bathroom and cooking facilities should also be provided, relative to the expected number of occupants in accordance with the Council's adopted guidance on [Property and Management Standards applicable to Private Rented Properties including HMOs<sup>2</sup>](#). Communal living space should be provided within the main structure of the building and not within conservatories due to the inferior noise insulation and consequent effect on amenity of neighbours. Insufficient communal areas increase the time occupants must spend in their individual bedrooms and can therefore hinder social cohesion within the property.
- 4.28 The external area serving the dwelling should also be of sufficient size to accommodate waste storage requirements, make adequate provision for cycle parking, provide space for outdoor clothes drying and amenity space for residents.
- 4.29 Guidance on outdoor amenity space for HMOs is set out in the emerging Birmingham Design Guide SPD. This requires the provision of 10 sq.m. of outdoor amenity space per resident.

### **Parking**

- 4.30 HMOs can place additional pressure on car parking within the local area due to the number of unrelated adults residing in the property. In considering proposals for HMOs the Council

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[https://www.birmingham.gov.uk/downloads/file/1630/houses\\_in\\_multiple\\_occupation\\_hmo\\_property\\_and\\_management\\_standards](https://www.birmingham.gov.uk/downloads/file/1630/houses_in_multiple_occupation_hmo_property_and_management_standards)

will apply parking standards set out in the Parking Supplementary Planning Document (adopted in November 2021)<sup>3</sup>. Adequate provision must also be made for secure, covered cycle storage within the curtilage of the property as set out in the Parking SPD.

#### **Intensifying or extending existing HMOs**

- 4.31 Planning permission will be required to change the use of a small HMO to a large HMO, or to intensify the use of a lawful large HMO (even without any physical extension or external alteration to the property) if they have a previous planning permission that states the number of residents within the application description, or they have a restrictive condition.
- 4.32 The 10% threshold limit will not apply to the intensification or extension of existing HMOs as the HMO use has already been established and, therefore, has no further effect on the concentration of HMOs and balance and mix of households in the local community.
- 4.33 However, it is recognised that the increase in the number of bedrooms in existing HMOs can have a harmful impact on neighbouring occupiers. These types of planning applications will be assessed on their own individual merits on a case by case basis and against criterion e. and f. of DM11. This includes impact on amenity, character, appearance, highway safety and parking. Criterion e. should be cross referenced to other relevant policies in the DMB, notably DM2 Amenity, DM14 Highway safety and access, and DM15 Parking and servicing.
- 4.34 Proposals for the intensification of existing HMOs would be required to meet criterion f. of DM11. This requires the provision of high-quality accommodation and adequate living space (see paragraphs 4.27-4.30 for further information).

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[https://www.birmingham.gov.uk/directory\\_record/646/birmingham\\_parking\\_supplementary\\_planning\\_document](https://www.birmingham.gov.uk/directory_record/646/birmingham_parking_supplementary_planning_document)



## 5. Making a planning application

- 5.1 Prior to submitting any proposals or planning applications, applicants are advised to engage in the pre-application process provided by the Council. Further information can be obtained at [Pre-application process](#)
- 5.2 Applications will need to be accompanied by the relevant supporting evidence. This includes, but is not limited to:
- Site location plan
  - Internal layout/ floor plans showing:
    - the internal measurements for each room (bedrooms and communal spaces) indicating what each room will be used for
    - for bedrooms, indicate if they are intended to be single or double, and any areas of reduced ceiling heights
  - External layout plans showing the location, size and design of the:
    - waste storage area to be used for the storage of waste and recycling bins
    - outdoor amenity space
    - areas for clothes drying
    - car parking (if on site) and bicycle parking and storage
  - Elevation plans where any extensions or new openings such as windows and doors are proposed
  - Supporting statement including details of proposed parking provision (car and bicycle)
  - Any supporting evidence; for example, parking surveys
- 5.3 A full list of the Council's validation requirements together with details of how to make an application and any fees payable can be found on the Council's website at: [Apply for Planning Permission](#)
- 5.4 In some cases specific additional requirements may be triggered as a result of assessing an application.

## **6. HMO Licensing and management**

- 6.1 In addition and separate to the planning requirements set out in this SPD, the Council also operates a mandatory licensing scheme for HMOs. All HMOs occupied by five or more people are required to have a licence. You can find out how to apply for a HMO licence at [How to apply for a HMO licence](#)
- 6.2 Operating a licensable HMO without a licence is a criminal offence and there can be serious financial consequences arising. In addition, failure to comply with licence conditions or breaches of HMO Management Regulations is also an offence and penalties can apply.
- 6.3 The Council's Private Rented Sector Team deals with the licensing and management of HMOs and can be contacted by email to: [prs@birmingham.gov.uk](mailto:prs@birmingham.gov.uk) or telephone 0121 303 5070.
- 6.4 Further information about the management of HMOs, housing standards, fire safety and the latest guidance for landlords and letting agents can be found on the housing pages of the Council's website: [Information on HMOs](#)

## **7. Monitoring and review**

- 7.1 Applications for HMOs will be monitored to ensure that proposals are meeting the guidance set out in the SPD.
- 7.2 The SPD will be reviewed if circumstances materially change to ensure that it remains appropriate.