

## SCHEDULE OF RESPONSES TO THE HOUSES IN MULTIPLE OCCUPATION SUPPLEMENTARY PLANNING DOCUMENT

Respondent	Section / Para	Comment	SCC response
<b>1. Introduction</b>			
A Woolnough; Bitterne Grove Residents' Association	General	This is a step in the right direction	Welcome support
Mr D Spencer; S Shennan & J Barker; T Jacobs; Mr G Gillies; R Lindsey; P & B Matcham; B Breden; N Buchanan; S Dorney; Environment Agency; Mrs J Arnold; Mr & Mrs Foster; N Buchanan; S Dorney D Eccles; Joy & John Oates; Alan & Pamela Jennings; Neil & Pauline Hemingway; Dr & Mrs A Kumar; Mr G & Mrs C Franklin; B & S Smith; Z Wigley; D Wigley; Mr James S Colvin; Mr J Pidgeon; John & Lesley Howard; Mrs Annette Treagus; Colin & Marjorie Littler; Chris & Eirwen Driver; Michael Tucker.	General	Support the SPD.	Welcome support
J Dahle	General	Support the SPD. Not against HMOs but how they are managed & lack of control of numbers and spread by SCC.	Comments noted.
Warren Close	General	Document is clear and concise. Surprised about	Support welcomed. Comments noted.

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Residents Association		affordability of housing stated in the document.	
Highfield Residents Association; North Southampton Community Forum	General	Hope that this SPD, in conjunction with the Article 4 Direction, will provide for both a better understanding as well as a uniform control of this issue across the city. All the work, time and effort put into this by the Council and it's officers is recognised and appreciated, as are the contributions from all other stakeholders; it is our hope we can now all work together in a more positive and co-operative way in the serving the interests of all our communities.	Comments noted.
Barbara Sheppard	General	Supports the Council's recognition that need to regulate landlords wishing to convert houses into HMOs.	Comments noted.
Prof John Marshall; Lucienne Dingley	General	Fully support the comments of Highfield Residents Association.	Comments noted.
Liberal Democrat Group	General	Welcome the publication for consultation of a draft SPD in association with the Article 4 Direction.	Comments noted
Hound Parish Council	General	No objection.	Comments noted.
Megan Cottell	General	The short time that is proposed between the production of and council vote on the final draft and the enforcement of the planning regulation for HMOs means that there is insufficient time for residents, like myself, to understand the effect on the neighbourhood. We are particularly affected as we are in the process of selling our property in Highfield.	The Council has informed members of public about the consultation of the draft document in accordance with its statutory duties.
Residential Landlords Association (RLA)	General	Object to SPD	Comments noted. The purpose of the document is to prevent new concentrations of HMOs and encourage a more even spread across the city. The council's intention is to build stronger communities across the city.
C Bagust	General	Object to SPD & forthcoming A4 direction.	See response above.
Quayside Architects	General	Principle of A4 Direction is fundamentally flawed.	Comments noted. The Council confirmed the Article 4 direction at Cabinet in October 2011.

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Concept Design & Planning	General	Object to SPD on grounds that supply of HMO properties regulated by supply & demand.	The SPD will restrict the proportion HMOs in some parts of the city but does not restrict the supply in the city overall as the 20% threshold allows for a reasonable amount of growth above the city's existing stock of HMOs.
Lorraine Barter	General	Object to the SPD which is flexible and aimed at making it easier for applicants at the expense of objectors and those badly affected by the HMO market expansion. It is difficult for the SPD to be fair to all parties. Few people will get involved in the consultation as there is an expectation that the policy could make their homes impossible to sell when they want to leave a HMO ghetto.	The object of the A4 direction and this accompanying SPD is to prevent new concentrations of HMOs establishing and thus encourage a more even distribution across the city. The SPD addresses the issue of areas where there are concentrations of HMOs and the problems residents may have in trying to sell their properties in these areas. Section 6.6 sets out the guidance on this issue.
Stewart Morris	General	Object to the SPD. It should be more rigid and not open to abuse by applicants.	Note comments. Consider that the SPD provides clear guidance on how policies H4 from the Local Plan and CS 16 from the Core Strategy will be used in determining planning applications.
Residential Landlords Association	General	Responsibility of the council to cater for all sections of the community - not just families or permanent residents in preference to single people. This policy is directing where people can & cannot live & interferes in people's rights.	Policy CS 16 of the Core Strategy indicates that the Council will provide a mix of housing types and more sustainable and balance communities. This guidance is intended to ensure that a better mix of housing is provided for all residents across the city.
Residential Landlords Association	General	Policy is restrictive rather than positive. Does not encourage the relocation of HMOs to other areas.	Comments noted. The intention of the guidance is to encourage a more even distribution of HMOs across the city.
Highfield R A; North Southampton Community Forum; Alison & Richard Shelly; Drs Claire & Andrew King; East Bassett R A; Keith & Sheila Fox; Mr & Mrs R Gibbs; Ray Goold;	Paras 1.1-1.5	In broad support for the need of HMOs and the proposals outlined for Portswood ward. Agree with the recognition of the impact of HMO concentrations on the balance of the existing community set out in para 1.3 of the SPD.	Welcome support

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Denise & Gary Miller.			
North East Bassett Residents Association	Paras 1.1-1.5	We welcome the recognition that unlicensed HMO can cause the balance of a community to become destabilised.	Welcome support
Outer Avenue Resident' Association; Herbert Collins Estates Residents Association;	Section 1	Accept & understand need for HMOs & are in broad support of proposals for the city. Welcome recognition that too many HMOs can change the character of an area & pleased to see council making appropriate response to it.	Welcome support
Tower Gardens Neighbourhood Watch Area Residents Association	Para 1.3	Recognises the Council intends to prevent new concentrations of HMOs, and welcomes all HMOs coming under the planning process.	Welcome support
Liberal Democrat Group	Para 1.3	Add reference to mutual benefit for both of long-term and HMO (including student) residents.	Consider that it is not necessary to add this.  RECOMMEND: No Change.
Southampton Federation of Residents Association	Para 1.3	Anti social behaviour and noise nuisance may be avoided if HMOs are let by landlords to groups other than students. The Universities should provide more purpose built student accommodation to reduce the number of students relying on private housing in the local community.	Note comments. The University of Southampton is looking to increase the number of student bedspaces by at least 1000.
East Bassett Residents Association	Para 1.4	Experienced problems where existing small to medium HMOs have been enlarged under permitted development rights. These rights should be removed.	Section 6.11 of the draft SPD explains that planning permission may not be required to extend the floorspace of an HMO. However, where an extension results in more than 6 persons living in an HMO planning permission must be sought in its own right for a change of use to a large HMO.

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<b>2. Purpose of SPD</b>			
Highfield R A; North Southampton Community Forum; North East Bassett R A; Alison and Richard Shelly; Drs Claire and Andrew King; Denise & Gary Miller; Ray Goold; Keith & Sheila Fox; Mr & Mrs R Gibbs	Paras 2.1 – 2.6	This is an excellent guide for all parties and support it.	Welcome support
Outer Avenue Residents' Association	Paras 2.1 – 2.6	Clear guide for all parties who may be affected by further HMO development in OARA area.	Welcome support
East Bassett R A; Tower Gardens Neighbourhood Watch Area R A;	Paras 2.1-2.6	Accepted.	Noted
Residential Landlords Association	Status of SPD	<p>Council should, if it is to proceed at all with a more detailed policy relating to HMOs, proceed via a DPD rather than a SPD because of the significance of this issue. This issue merits independent scrutiny via the DPD process. Draft NPPF discourages use of SPDs.</p> <p>Although inspector upheld use of a SPD in Portsmouth the inspector considering the Manchester City Council Core Strategy has recommended the use of a DPD</p>	<p>The council considers that the preparation of a SPD rather than a DPD is a valid way of providing guidance on the application of the detailed HMO policies, H4 - Houses in Multiple Occupation from the Local Plan Review and CS 16 - Housing Mix and Type from the Core Strategy, and that this is a defensible and legitimate approach.</p> <p>It is considered that the draft SPD has been prepared in accordance with paragraph 6.1 of PPS12 'Creating strong, safe and prosperous communities through Local Spatial Planning' and provides greater detail on Core Strategy policy CS16 and saved policy H4 from the local Plan Review. The question of whether the content should be contained in a DPD or SPD is complex, as reflected in the different approaches taken by the inspectors examining the Portsmouth Core Strategy</p>

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			<p>and the Manchester Core Strategy. The inspector for the Portsmouth Core Strategy (which is now adopted) supports our approach whereas the inspector for the Manchester Core Strategy recommended that, in that case, the detail should be contained in a DPD.</p> <p>An advantage of producing a SPD rather than a statutory development plan document is that an SPD can be more easily reviewed and amended if it is found that circumstances have changed and that the guidance needs to be revised.</p> <p>Accept that the draft NPPF discourages the use of SPDs. However this document is only draft at the moment and has little weight.</p>
Southern Landlords Association, Brighton	General	<p>Inspectors have raised concerns with regards to the examination of other authorities Core Strategy (CS) HMO policies, such as Portsmouth. Debatable matters included whether C3 to C4 constitutes a material change; inflexibility of using a % based policy; lack of evidence of demand; conflicting arguments to increase housing provision while wanting to restrict conversion from family homes. The SPD should heed the comments from other CS examinations.</p> <p>The policy background for H4 and CS16 are subjective in terms 'balancing contribution to meeting housing demand' and 'harm to surrounding area', whereas only amenity space has an objective assessment.</p>	<p>See response above.</p> <p>The Council considered a range of approaches which are set out in the Consultation Statement which accompanied the draft SPD.</p> <p>The SPD sets out the issues relating to meeting the city's housing needs and the impact on the character and amenity of communities.</p>
Southern Landlords Association, Brighton	General	<p>The HMO policies are dubious due to ambiguous guidance in PPS3, Use Classes Order changes and local Article 4 direction. This will not be challenged by future examinations and will cause confusion for both SCC Planning and Private Rented Sector. Will</p>	<p>See response above.</p> <p>The council has no plans at the moment for revising the Core Strategy (other than the Partial Review relating to office floorspace).</p>

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		have a major impact on ability to find suitable accommodation for professionals, students, immigrants, and those on benefits. HMO planning refusals are currently being appealed in other areas. It is hoped that: an attempt is made to establish a credible view of demand for shared housing; Policies CS16 and H4 are then reworked with an objective basis; Policies are then submitted for an examination in public at earliest opportunity; 23 <sup>rd</sup> March 2012 implementation date is deferred until such time as policies are agreed to be formulated on a sound basis.	
Southern Landlords Association, Brighton	General	It is unclear the implications of all core strategies having to conform to the NPPF.	Acknowledge that it is unclear at the moment what the procedures will be for ensuring core strategies are consistent with the NPPF. These arrangements have not yet been put in place.
Southern Landlords Association, Brighton	Para 2.2	The SPD will not be subjected to the rigour of a formal 'Examination in Public'. Current policy pre-dates changes on Uses Classes Order and Article 4 requirements and therefore the focus on HMO policy is at best superficial.	See response above. Acknowledge that the Core Strategy was adopted before that recent changes to the Use Class were brought in. However policy CS 16 of the Core Strategy includes point 3 which refers to control of HMOs where planning permission is required. However the supporting text to the policy indicates that the council will "consider other forms of control such as areas of restraint and setting thresholds for HMOs where appropriate. This might include action in areas of the city where there are concentrations of HMOs and where further sub-division of family homes could badly affect the character and balance of the neighbourhood".

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<b>3. Definition of a HMO</b>			
Highfield R A; North Southampton Community Forum; North East Bassett R A; Alison Richard Shelly; Drs Claire & Andrew King; Tower Gardens Neighbourhood Watch Area R A; Denise & Gary Miller; Ray Goold; Keith & Sheila Fox; Mr & Mrs R Gibbs	Section 3	We agree and welcome the clarification.	Welcome support
Outer Avenue R A	Section 3	Agree	Welcome support
Southern Landlords Association, Brighton	General	Debatable whether C3 to C4 is a material change of use.	It is outside the scope of the SPD to judge whether a material change use has occurred. The government has created 2 separate use classes for family dwellings and small HMOs, where it would be a material change of use to change between the 2 uses.
Kristine Salomon-Olsen	General	The SPD will prevent parents of university students from buying a property for their child and selling it on in 3 years. Will the purchaser of the property have to apply for planning permission to occupy as a HMO and then as a family home to be sold for the best price on the market. Maybe parent could maintain a bedroom to live in as the resident landlord and rent the other rooms to their child and other student.	A C4 HMO is defined as 3-6 unrelated people sharing basic amenities Guidance in DCLG circular 08/2010, paragraph 14 states that "properties containing the owner and up to two lodgers do not constitute a house in multiple occupation for these purposes".  RECOMMEND: At the end of para 3.4 of the SPD add in the reference to lodgers.
M Clark	Section 3	Believes a lodger living with a couple would constitute a HMO. This type of occupation would not change the character of the area.	
East Bassett Residents Association	Section 3	The impact of Student halls of residence on the surrounding area should be taken in account alongside existing concentrations of HMOs.	With regard to the inclusion of halls of residence only residential properties will be counted in the area surrounding the application site. Planning guidance in



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			Circular 08/2010 and the Housing Act excludes halls of residence from the buildings which are defined as HMOs.
M Clark	Para 3.5	Should be complete exemption for properties with 3 unrelated occupiers. Should be exemption for 2 bed bungalows. In hard financial times there will be more demand for 3 sharers including low paid workers & under 35's on shared rate Local Housing Allowance (LHA). Exemption for 3 sharers should cover 2 bed houses & smaller 3 bed houses.	The guidance in circular 08/2010 defines a C4 dwelling as "small shared houses or flats occupied by between three and six unrelated individuals who share basic amenities". The council cannot vary this definition. The A4 direction sets out that planning permission will be needed for C4 dwellings. 2 bed bungalows could be capable of accommodating 3 or more people so will not be excluded.
Mr & Mrs Foster	Para 3.5	Disagree with intention to exclude family homes that have been converted into 1 & 2 bed flats from inclusion in the count of HMOs for threshold purposes. Their inclusion would more accurately address the issue of occupation density within a neighbourhood.	1 and 2 bed flats have been excluded as it is considered that they are unlikely to be used as HMOs. Including 1 and 2 bed flats would considerably increase the scope for the amount of HMOs in some mixed use roads.
Mrs J Pritchard	Para 3.5	No further permissions should be granted for conversion of houses into self-contained flats as these are frequently abused and the new regulations will increasingly be circumvented this way i.e. properties converted into flats and then further split and partitioned to form unclassified HMOs.	Saved Policy H1 of the Local Plan Review allows the conversion of existing dwellings, where appropriate. Under the A4 direction planning permission will be required for change of use to an HMO.
Watkins Jones Group	Para 3.7	The definition of a HMO does not clearly differentiate between HMOs and managed purpose built student accommodation, and does not specify the cost and living benefits of this type of accommodation for students and the university. It should be made explicit that purpose built student accommodation is exempt from the aims of the policy.	DCLG Circular 08/2010 states in Annex A, para 13 that properties occupied by students which are managed by the education establishment are excluded from the C4 use class. This is mentioned in para 3.4 of the SPD. Consider that it is not necessary to add anything further to the document. RECOMMEND: No change

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<b>4. Policy Background</b>			
Highfield R A; North Southampton Community Forum; North East Bassett R A; Alison & Richard Shelly; Drs Claire & Andrew King	Paras 4.1 – 4.4	We welcome the clarification this gives to Policies CS16 and H4	Welcome support
Outer Avenue R A	Paras 4.1 - 4.4	Accept	Comments noted
AAJ's Accommodation	General	<p>The Council are proposing to retain 30% of dwellings as family homes under policy CS16. There is already a high density of HMOs within Portswood, Highfield and The Polygon over the proposed threshold. There is little point in trying to save the remaining dwellings, as there is already a decline in demand for family housing and an increase demand for HMOs in these areas.</p> <p>The housing in these areas of high HMO density should follow the market demand for HMOs as it lends itself to the investor market and not for private/family use.</p> <p>The restrictions prevent everyone having the right to choose where they want to live, families and students alike.</p>	<p>The Council would like the areas with high concentrations of HMOs to become more mixed communities. However it is recognised that this is a long term aim as there is a demand for HMO properties. As a consequence the SPD includes guidance on how to deal with applications for HMOs in these areas. No upper limit has been proposed for when the threshold ceases to have effect as each application site will be treated on its merits. The exceptional circumstances only apply where the vast majority of properties are already HMOs with 1 or 2 family dwellings remaining and, therefore, the retention of the 1 or 2 family dwellings will not further harm the character of the area. Where there is an exception to the threshold, other material considerations will still apply.</p>
Southampton Federation of R As	General	The amenity space criteria under policy CS16 must be applied to extensions, which tend to increase occupiers and reduce the overall amount of amenity space.	The amenity space definition in policy CS 16 is included in order to define what a family home is. The SPD (para 6.9.8) refers to the council assessing whether adequate amenity space is provided for the tenants. If permission for an extension for an HMO is required then quality and usability of the private amenity space will be considered. Reference is made in the HMO SPD to the Residential Design Guide SPD which sets out standards for amenity space.

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Tower Gardens Neighbourhood Watch Area R A	General	The policy should favour the control of the density of HMOs over housing needs.	There is a need to provide a mix of types of housing in the city and this includes housing suitable for young single people. The planning policies in the Core Strategy and the saved Local Plan Review deal with these issues. The Core Strategy and the Local Plan Review also refer to the need to control HMOs. This SPD is intended to prevent new concentrations of HMOs and encourage a more even spread across the city. The council's intention is to build stronger communities across the city.
D Long	General	The council should find some way of factoring the impact of non-HMO's into the equation (e.g. houses converted into rented flats which are not maintained and have a number bins left on the pavement)	This is outside the scope of the SPD. The SPD document provides guidance on policy H4 and CS16 to only control the impact of HMOs on the mix and balance of households in a community.
Residential Landlords Association	General	Policy must be considered against draft NPPF.	The NPPF is only draft at the moment and has little weight.
Watkins Jones Group	Para 4.2	Support this section. The aims of policy CS 16 not to restrict purpose built student accommodation should be transferred to section 3 as per the concerns raised under para 3.7.	See previous response on para 3.7. This section of the document sets out the relevant planning policies.  RECOMMEND: No change
Homelife Lettings	Para 4.2	Provision of homes for the elderly and disabled does not have a bearing on the HMO density in a given neighbourhood and this paragraph in Policy CS 16 has no relevance to HMO density.	Paragraph 4.2 contains an extract from the Core Strategy which sets out the text of Policy CS16. This is included for ease of use for people using the SPD. Policy CS 16 deals with more matters than HMOs.

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<b>5. Background and evidence base</b>			
Shaw Green	General	Proposal ignores its own evidence base that the need for HMOs will increase substantially in coming years based on government policies and national demographics.	The guidance in the SPD allows for future growth of HMOs across the city whilst restricting them in areas where there are already high concentrations.
Shaw Green	General	With Housing benefit changes for single people under 35, limiting HMOs in way SPD does will hamper young single adults economically and socially & hence damage the city fiscally.	See response above.
Southern Landlords Association, South Hampshire Branch	General	No consideration given to the impact on the increased demand arising from the changes to housing benefit rules. A shortage in accommodation will result in increased rents. Unscrupulous Landlords will endanger this vulnerable group by taking advantage of the shortage.	See response above. The Council's Housing Needs team estimates that the changes to local housing allowance for single people under 35 are likely to affect over 400 people.
Barbro and Simon Fitzjohn	General	The figures that you quote for HMO numbers were taken 2008 but please note that in our part of Alma Road every house sold since then has become a HMOs and that this is changing the character of the neighbourhood. Properties are currently undergoing conversion to a HMO in Alma Road.	Acknowledge that the number of HMOs is likely to have increased since 2008. This is an added reason for trying to control the concentration of HMOs and spread them across the city.
Tower Gardens Neighbourhood Watch Area Residents Association	General	The presumption that HMO can provide low cost accommodation may reveal an expectation that developers will not respond to the market for low cost housing. The anticipated pressure for HMO conversion would be reduced if developers provided more low cost housing and Universities took their responsibilities seriously to house students.	There are a number of reasons why the cost of housing is currently unaffordable for many people. With access to finance being restricted then many first time buyers cannot afford to buy their own home and so will seek rented accommodation. The University of Southampton is currently looking to provide 1000 more bedspaces in the city.
Simon Hill	General	There is no analysis of the demand for accommodation related to the two Universities and their existing and planned supply of dedicated purpose built/converted accommodation. Similarly no indication of the council's policy to assess the	In 2008 the CPC report estimated that students made up 45% of the occupiers of HMOs so the largest percentage is occupied by non students.  The Local Plan Review includes a policy which requires

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		amount of this accommodation following the expansion of teaching facilities. The SPD is flawed due to the omission of this evidence. Universities should be required to increase their supply of accommodation to relieve pressure on the existing residential areas.	that where the universities propose new development that will increase student numbers, then residential accommodation is required to be agreed with us.  The University of Southampton is currently looking to provide 1000 more bedspaces in the city.
Southern Landlords Association, South Hampshire Branch	General	Continual lobbying of politicians by self interested anti HMO movement has not been a benefit of the city, the Universities, the council or the people, given the wealth, employment, investment, enterprise, innovation and strong community created by the universities.	Comments noted
A Woolnough	General	Not clear that there is a process for a review of the SPD. Will need to be reviewed to address the unintended consequences of what seems to be an experimental approach to controlling the numbers of HMOs.	Acknowledge that the SPD does not refer to monitoring and review.  RECOMMEND: Add reference in SPD to monitoring.
East Bassett R A	Sec 5.1	Accepted.	Comments noted
North East Bassett RA	Paras 5.2-5.4	Agreed.	Comments noted
Highfield R A; North Southampton Community Forum; Alison & Richard Shelly; Drs Claire & Andrew King; Denise & Gary Miller, Ray Goid; Keith & Sheila Fox; Mr & Mrs R Gibbs; Outer Avenue R A;	Section 5.2	We accept the need for HMO provision: the SPD will allow ample opportunity to meet future demand.	Comments noted
Residential Landlords Association	Section 5.2	Following introduction of class C4 uses & revision of class C3 policy must be looked at against the background of housing demands and needs of single people generally, not just students. Is it suggested	Acknowledge that HMOs house more than students and that they play a valuable part in the economy. The guidance in the SPD allows for future growth of HMOs across the city whilst restricting them in areas where

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		that these people cause the problems that are attributed to occupiers of HMOs? These people play a vital part in the local economy and they must be properly catered for. Document indicates that it recognises this but the outcome of the policy could be different & not cater for their housing needs and demands.	there are already high concentrations. The guidance is also intended to improve the standards of new HMOs.
Quayside Architects; Concept Design & Planning;	Section 5.2	Restricting the supply of HMOs is likely to adversely affect the universities & the hospital. These institutions make a significant contribution to the economy of the city. They generate a requirement for HMO accommodation within a convenient distance. Para 5.2.5 confirms increasing demand for HMO accommodation.	Acknowledge that the universities and the hospital make a significant contribution to the economy of the city. Although accept that students prefer to live close to the universities both universities are highly accessible by sustainable travel modes. The University of Southampton is currently looking for sites for more student accommodation and it is possible that these sites will not be that close to the university.
T Clark & Son Ltd	Section 5.2	Proposals will reduce supply of shared housing & probably result in increased rents. Need for affordable accommodation for young professional & workers likely to be greater in future. Proposal fails to consider where young people will live. Most will want to live close to city centre.	The guidance in the SPD allows for future growth of HMOs across the city whilst restricting them in areas where there are already high concentrations. The 20% threshold in the central wards should allow for some growth in HMOs close to the city centre.
C Bagust	Section 5.2	SPD does nothing to encourage an increase in supply of HMOs although accepts demand likely to increase in future. SDP will make it more difficult to create new HMOs and likely to cause decrease in supply. Rents will rise with a fall in quality of HMO accommodation available. Likely to result in increased homelessness.	The guidance in the SPD allows for future growth of HMOs across the city whilst restricting them in areas where there are already high concentrations. The guidance is also intended to improve the standards of new HMOs. There is no reason to believe that it will lead to homelessness.
M Clark	Section 5.2	Council acknowledges a need for more HMOs but SPD is negative & will make it more difficult for HMOs to be created. Exemption for 3 occupiers would relieve some pressure.	The guidance in the SPD allows for future growth of HMOs across the city whilst restricting them in areas where there are already high concentrations. See Council's response in Section 3 to the suggested exemption for 3 occupiers.
M Clark	Section 5.2	Student numbers have probably peaked but demand	Acknowledge that demand from those is likely to

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		from those on LHA and others will increase.	increase. The Council's Housing Needs team estimates that the changes to local housing allowance for single people under 35 are likely to affect over 400 people. The guidance in the SPD allows for future growth of HMOs across the city whilst restricting them in areas where there are already high concentrations.
Residential Landlords Association	Section 5.2	PPS3 (& NPPF) requires LPAs to ensure that sufficient small HMOs are provided. General need for more smaller units of accommodation in future.	Neither PPS3 nor the NPPF specifically mention HMOs. PPS3 encourages the creation of sustainable, inclusive, mixed communities in all areas. Housing should be provided for different households such as families with children, single people and older people. The policies in the Local Plan Review and the Core Strategy aim to do this.
Liberal Democrat Group	Para 5.2.1	Could usefully add comparative figures for other university cities (especially those with two universities).	Comments noted. HMOs cater for more than the student population in the city. In 2008 the CPC study showed that 55% of HMOs were occupied by non students.
East Bassett Residents Association	Paras 5.2.1	It is difficult to judge the figures and percentages quoted. In order to calculate housing supply, there should be clearer statistics on types of employment and numbers within the city 'as the sub-region's economic driver'. It is likely that the demand for higher education could rise or fall in the next few years given increased student fees, growth of provision of university education in expanding economies, and Government's need to make public expenditure savings.	The Council acknowledges that it is difficult to put a precise figure on the demand for HMOs in the future. There is likely to be an increase in demand for HMOs from those in receipt of local housing allowance. However, demand from professional people and from students for HMOs is unknown.
Southampton Federation of Residents Association	Para 5.2.2	People in need of HMO accommodation should be placed where they contribute to housing mix and sustainability of a neighbourhood.	Comments noted. The council's aim is to assist in achieving a mix of households within the city's neighbourhoods meeting different housing needs.
East Bassett R A	Paras 5.2.3-5.2.7	Accepted.	Comments noted
Southern Landlords Association, Brighton	Paras 5.2.2-5.2.7	There is no credible evidence of HMO demand (see separate comments under 5.3.2, 5.2.3, 5.2.6, 5.2.7).	The Council acknowledges that it is difficult to put a precise figure on the demand for HMOs in the future.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
		The SPD is based on a flawed housing demand model under the SCC Housing Strategy (HS). The housing demand is questionable under the HS which doesn't attempt to address the demand for shared housing. The HS underestimates the need for social housing, future homelessness due to LHA changes, does not quantify implications of article 4 on HMO and family accommodation supply.	There is likely to be an increase in demand for HMOs from those in receipt of local housing allowance. However, demand from professional people and from students for HMOs is unknown.
Residential Landlords Association	Para 5.2.3	No SHMA has been carried out specifically relating to shared housing or bedsits. Also no proper evidence as to need / demand for shared housing provision in the city over the lifetime of the policy. The council should investigate & analyse the varying impacts on the different groups who live in shared accommodation. The restricted planning policy proposed will bear down hard on single people under 35 who are in receipt of housing benefit.	The Council acknowledges that it is difficult to put a precise figure on the demand for HMOs in the future. The recent SHMA looked at the cost of private rented accommodation on the city but accept it did not appear to look at shared housing. There is likely to be an increase in demand for HMOs from those in receipt of local housing allowance. However, demand from professional people and from students for HMOs is unknown. The guidance in the SPD allows for future growth of HMOs across the city whilst restricting them in areas where there are already high concentrations.
Southern Landlords Association, Brighton	Para 5.2.3	The following statement is subjective – 'high proportion likely to live in HMOs due to affordability issues'.	Comments noted
Highfield R A; North Southampton Community Forum; Outer Avenue R A; Dr Alison & Dr Richard Shelly; Dr Claire & Dr Andrew King; Denise & Gary Miller; Ray Goold; Keith & Sheila Fox; Mr & Mrs R Gibbs	Para 5.2.6	Agreed.	Comments noted
Outer Avenue	Para 5.2.6	Concerned that housing benefit changes will hasten	Comments noted



<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
Residents' Association		further development in advance of March 2012 deadline.	
A Woolnough	Para 5.2.6	Other local authorities should be pressed to consume own demand for HMOs. Need to attract more affluent people back into the city.	Neither Eastleigh Borough Council nor Test Valley Borough Council has included draft policies for HMOs in their recently published draft statutory plans.
Concept Design & Planning	Para 5.2.6	SPD not sound as does not take into account the new Housing Allowance. This change will mean increase in demand for HMO properties.	The SPD acknowledges that demand for HMOs from people in receipt of Local Housing Allowance could increase by some 400 people. The guidance in the SPD allows for future growth of HMOs across the city.
Southern Landlords Association, Brighton	Para 5.2.6	The following statement is subjective – 'demand for HMOs likely to grow'	Comments noted
Southern Landlords Association, Brighton	Para 5.2.6	The following statement is subjective – 'future demand for HMO from student population is uncertain'	Comments noted
Highfield R A; North Southampton Community Forum; Alison and Richard Shelly; Drs Claire & Andrew King; Outer Avenue R A; Dr Alison & Dr Richard Shelly; Denise & Gary Miller; Ray Goold; Keith & Sheila Fox; Mr & Mrs R Gibbs	Para 5.2.7	We believe the future market for this type of accommodation will be extremely volatile and increased demand for Student HMOs in the current climate therefore would now seem to be unlikely.	At present acknowledge that it is difficult to assess the future demand for HMO accommodation from students.
M O'Connor & M Bell;	Para 5.2.7	Student applications for university are down 10% so be less demand for HMOs in future.	
Southampton Federation of R A	Para 5.2.7	Clarification sought whether the Solent University will provide any more student accommodation.	Unaware of Solent University's intentions at present.
Watkins Jones Group	Para 5.2.7	The document needs to recognise that purpose built accommodation is increasingly being provided for by private companies (e.g. Liberty Living, Unite, Fresh Student Living) and not just universities. There is	Comments noted. The SPD is not solely concerned with student accommodation so do not consider it is necessary to mention this in the SPD.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
		likely to be a continued increase in such accommodation given its benefits (i.e. it is highly managed and it releases housing back to the general market) and the document should acknowledge this.	RECOMMEND: No change
D Stevenson	Para 5.2.7	Both universities should be advised that future planning applications that result in higher student numbers will not be welcome unless there is committed undertaking to provide accommodation for them e.g. student halls.	The saved Local Plan Review includes policy H 13 which requires that where the universities propose new development that will increase student numbers, then residential accommodation is required to be agreed with the council.
Tower Gardens Neighbourhood Watch Area Residents Association	Para 5.3.1	The number of HMOs for the northern wards is a serious concern. In reality these figures will be higher as there is no central register. Refer to comments under para 6.4.6.	Acknowledge that since 2008 numbers of HMOs are likely to have increased. This provides further evidence for the need for control over future HMOs.
Liberal Democrat Group	Para 5.3.1	The figures cited underestimate the proportion of existing HMOs and should be supplemented by other sources of information e.g. Council Tax records, Letting Agencies advertisements, resident's surveys checked by Enforcement officers.	The Council will continue to maintain the best records possible from available information sources.
East Bassett Residents Association	Para 5.3.1	Accepted, with the proviso that, without certified records, these figures are approximations.	
Highfield R A; North Southampton Community Forum; Alison and Richard Shelly; Drs Claire and Andrew King; Southampton Federation of R As; Dr Alison & Dr Richard Shelly; Denise & Gary Miller; Ray Goold; Keith & Sheila Fox; Mr & Mrs R Gibbs	Para 5.3.1	The distribution of HMOs across the city is uneven and there are wider variations than are obvious from the Table 1 Distribution of HMOs. For example Portswood Ward has a far higher number than the 10.4% of the Housing Stock as indicated; in fact it is more likely to be of the order of 20 - 30% already, with far higher concentrations in some areas within the Ward. This would also be true of Bargate Ward for example, where we know the Polygon area has a concentration of 85 – 90 %. Residents groups have regularly provided the Council with their own area surveys in recent times and a more accurate appreciation of the Distribution figures would be shown by listing the Wards individually.	Acknowledge that there are likely to be parts of the city where the concentrations of HMOs are greater than the average for the ward groupings. However, the Council does not have the figures for each ward.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
Dr Richard Buckle	Para 5.3.1	Attention may need to be made to individual wards within these 4 or 5 areas to identify particular problems.	See response above.
A Woolnough	Para 5.3.1, Table 1	The average for the wards in this table may be masking wide variations within each cluster of wards. Portswood & Bevois unlikely to be very different from Bevois. Suggest they should stand alone & be subject to a 20% threshold if that is the norm to be applied. Not a fully disclosed statistically proven case for grouping them with Bassett or a fully justified case for them only having a 10% threshold.	See response above See section 6 for the response on the thresholds
Quayside Architects	Para 5.3.1, Table 1	Amalgamation of wards in the Table is likely to lead to inaccurate figures for some wards. For example in the northern wards Portswood & Swaythling likely to exceed 10.4% & Bassett be less than 10.4%. Therefore be more difficult to achieve a consent in Portswood & Swaythling than Bassett. 10% limit in Portswood & Swaythling unreasonable.	See response above See section 6 for the response on the thresholds
Outer Avenue Residents' Association	Para 5.3.1	Similar comments as above. Research in the OARA area (part of Bevois ward) contradicts the table as we have found that at least 50% of the housing stock is HMO, not 18.2%. Data in table is 4 years out of date & concerned that decisions may be made on inaccurate data.	Acknowledge that since 2008 numbers of HMOs are likely to have increased. This provides further evidence for the need for control over future HMOs.
R Lindsey; P & B Matcham;	Para 5.3.1	Numbers of HMOs in Alma Rd increased substantially since 2008. When houses come up for sale landlords outbid private residents.	See response above.
Southern Landlords Association, Brighton	Para 5.3.2	The following statement is subjective – 'likely to increase demand for HMOs'.	Comments noted.
Liberal Democrat Group	Sec 5.4	While welcoming students as valued contributors to our city, and recognising the need for Houses in Multiple Occupation for both students and others, we have for many years been concerned at the adverse consequences for the character and balance of our	The aim of the SPD is to prevent new concentrations of HMOs from establishing and thus encourage a more even distribution around the city.

Respondent	Section / Para	Comment	SCC response
		neighbourhoods of excessive concentrations of HMOs.	
East Bassett Residents Association	Sec 5.4	The area covered by the association is heavily impacted by the proximity of the main campus of Southampton University, its halls of residence housing over 2000 and growing concentration of HMOs.	Comments noted
Alison and Richard Shelly; Drs Claire and Andrew King	Sec 5.4	Been a gradual erosion of the community in Highfield over the last 16 years as more families move out and these homes are converted to student accommodation. The Council is urged to prevent further erosion of this area. Highfield is an area with a very strong sense of community. Families moving out of the area due to the noise nuisance and anti social behaviour by students in the area. Also in the summer months the empty student properties lead to an increase in burglaries. With a shortage of family homes not sustainable to accommodate students in second homes.	Comments noted. The aim of the SPD is to prevent new concentrations of HMOs from establishing and thus encourage a more even distribution around the city. It is also intended to improve the quality of new HMO accommodation.
Southern Landlords Association, Brighton	Section 5.4	There is much reliance on the Ecotec report to show the impact of high concentrations of HMOs. Following lobbying from the HMO lobby and interviews through the ER, despite the conclusions of the Rugg Report that HMOs are not a major problem, the government have introduced changes to the uses classes order and article 4 direction. This was deemed to be political rather than a logical outcome.	The Rugg report was published in October 2008 and since that date there have been a number of significant changes to Government policy for HMOs. The Council's approach is fully in line with current Government policy. In November 2010 the current government removed the need to obtain planning permission for a change of use to C4 but also indicated that councils could introduce A4 directions if they considered there was a problem with high concentrations of HMOs.
Highfield R A; North Southampton Community Forum; Barbro & Simon Fitzjohn; Alison & Richard Shelly; Drs	Section 5.4	Agree with assessment of the impacts of high concentrations of HMOs.	Comments noted

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
Claire & Andrew King; East Bassett R A; Outer Avenue R A; Tower Gardens Neighbourhood Watch Area R A; Denise & Gary Miller; Ray Goold Keith & Sheila Fox; Mr & Mrs R Gibbs; A & D Haslehurst; D Stevenson; Mrs J Arnold;			
Cllr Capozzoli	Section 5.4	These properties reduce quality of life for residents in area. Problem often that landlords do not live in area & experience or care about problems caused by their tenants.	The aim of the SPD is to prevent new concentrations of HMOs from establishing and thus encourage a more even distribution around the city. It is also intended to improve the quality of new HMO accommodation.
B Breden	Section 5.4	Cedar Road area suffers from problems highlighted in this section.	See response above.
C Bagust	Section 5.4	Nearly all problems said to be associated with large numbers of HMOs also reported for other areas where few HMOs. Rather than focus on nature of relationships of occupants of a property council should prioritise action against anti-social behaviour, parking problems & unkempt properties where they occur in the city.	Comments noted. The Council has established a virtual HMO team consisting of all services that are involved with regulating HMOs in Southampton, including Planning, Housing, Environmental Health, Waste, Community Safety, Benefits and City Patrol. The team is working to improve the flow of information between teams to ensure a joined-up, cohesive approach to tackling resident and community concerns. This will also help to ensure a more targeted approach, in particular to environmental issues. The initial work programme includes developing a corporate HMO protocol, which will clearly set out legal powers and accountabilities; developing a shared HMO database; and cascading information to officers working in all teams so that they are aware of the support available to robustly tackle

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
			issues. It is planned to widen the virtual team to include external agencies, such as the Universities and the Fire and Rescue Service.
Southern Landlords Association, South Hampshire Branch	Sec 5.4	Most HMOs are operated by landlords in the 'private residential sector' who have expertise of managing HMO property and occupiers, ranging across broad spectrum of needy people.	Comments noted. However, not all landlords operate good standards as acknowledged by the landlords themselves. One of the aims of the SPD is to improve the standards of all new HMOs in the city.
Southern Landlords Association, South Hampshire Branch	Sec 5.4	Many student houses are indistinguishable and better kept in relation to family occupied neighbours. Due to high level maintenance standards, which is significant improvement to rented housing before the Housing Act changes in 1988. The policy will counteract these standards initiated by the Government.	
T Clark & Son Ltd	Section 5.4	Understand some residents experience problems in areas where there are high concentrations of HMOs do not believe A4 direction will address the problems.	Comments noted.
T Clark & Son Ltd	Section 5.4	Areas of high student population already established & number of students unlikely to substantially increase in foreseeable future. Better to contain student populations in particular areas than expect them to live in suburban communities. Difference in lifestyles leads to confrontation with long term residents.	The guidance in the SPD will not be applied retrospectively so consider it is likely that existing HMOs will remain in that use in areas of high demand.
East Bassett Residents Association	Paras 5.4.1-5.4.8	It is not clear in Southampton where private investment has provided betterment for deserted and rundown areas.	Comments noted.
Liberal Democrat Group	Para 5.4.2	Add a commitment to reconsidering the added value of Additional Licensing to give greater robustness to maintenance, design and health and safety issues.	Current Council policy is that powers contained in the Housing Act 2004 and associated legislation will be used to regulate housing conditions in and the management of HMOs. An additional licensing scheme, as introduced by Oxford City Council, is considered to be unduly bureaucratic.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
			The Council operates a mandatory licensing scheme for high-risk HMOs (properties of three or more stories containing five or more unrelated people).
Watkins Jones Group	Para 5.4.2	The findings of the Ecotec report (poor management of rented HMO accommodation can lead to amenity and character issues in the local community) are welcomed and supported. Again, the document needs to acknowledge the potential solution to such issues is through the increased provision of purpose built student accommodation, which are a managed and effective form of accommodating students.	Comments noted.  See the response to this respondent in respect of para 5.2.7.
Southampton Federation of R A	Para 5.4.2	The high number of signs also detracts from the visual amenity of a neighbourhood. Recent changes will allow more control.	Consent for the display of signs is controlled under existing Advertisement Regulations. The Planning Enforcement team will investigate breaches of the regulations.
D Stevenson	Para 5.4.2	Should enforce existing legislation that prevents 'to let' signs remaining on properties which are already let.	
A Woolnough	Para 5.4.2	Can the large numbers of 'to let' signs be addressed. They are an environmental nuisance.	
Student Union University of Southampton (SUSU)	Para 5.4.2	There are other ways of managing noise and anti-social behaviour and SUSU would welcome council participation in delivering its Ssh! campaign reducing the impact of students on their local community. Note that noise and disturbance can be present in family estates and are not solely attributable to HMOs.	The council has set up a virtual HMO team to deal with issues arising from HMOs. See response to C Bagust, Section 5.4, above.
Student Union University of Southampton (SUSU)	Para 5.4.2	Data needs to be supplied, or appropriate studies undertaken, to demonstrate that parking provision is a bigger problem for student housing in Southampton than for families often with 2 or more vehicles.	The SPD is not only dealing with HMOs lived in by students.
Dr Richard Buckle	Para 5.4.2	Request discouragement of hard surfacing of existing front gardens for parking and the destruction	See response to this issue in Section 7.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
		of retaining walls.	
Student Union University of Southampton (SUSU)	Para 5.4.3	Negative impacts on the physical environment are often a result of poor council management of landlords. This is statement of a problem, not a way of improving the condition of existing HMOs or a justification for implementing the Article 4 direction.	The council has set up a virtual HMO team to deal with issues arising from HMOs. See response to C Bagust, Section 5.4, above.
Student Union University of Southampton (SUSU)	Para 5.4.3	If students are a predominant population then services and facilities including community facilities should reflect their needs. It is the council's responsibility to ensure that retail, commercial, and recreational facilities are balanced. Any imbalances are because the council has not ensured that their facilities reflect the broader population not the concentration of HMOs in a certain area. By applying the Article 4 direction, the Council would not be able to suitably develop facilities to equip a high demand community.	Comments noted. Not sure how the Article 4 direction will prevent the development of facilities.
Tenant Direct	Para 5.4.3	Dispute the stated reduction in demand for local services. Many local services rely on and grow around communities with a high concentration of HMOs. Ecotec report does not state which local services are declining and query whether this is an assumption.	The Ecotec report is a national report so does not specifically relate to Southampton. Accept that some services grow around communities with concentrations of HMOS.
Mrs J Pritchard	Para 5.4.3	In addition to the strain on sewage and drainage systems caused by HMOs, there are increasing numbers of care or nursing homes, bail hostels and half-way houses which all add to the strain.	Comments noted.
Stephen Connolly	Para 5.4.3	Identified problems of living close to a HMO; noise, parking, letting boards, front gardens paved over, uncollected waste and recycling.	Comments noted.
Highfield R A; North Southampton Community Forum; Alison & Richard	Para 5.4.4	The ECOTEC report highlights the need for private sector renting and positive regeneration: this of course implies and emphasises the demand for family housing.	Comments noted.



<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
Shelly; Drs Claire & Andrew King; Denise & Gary Miller; Ray Goold; Keith & Sheila Fox; Mr & Mrs R Gibbs			
Outer Avenue Residents' Association	Para 5.4.4	Dispute the information in the ECOTEC report that HMOs breathe new life into a neighbourhood. Consider that their neighbourhood has declined with loss of owner occupiers.	Comments noted.
Southampton Federation of R A	Para 5.4.4	Balanced and mixed communities must be a top priority.	Comments noted.
Student Union University of Southampton (SUSU)	Para 5.4.4	Housing provision should also address the growth in demand for housing in the private rented sector as the younger generation are less able to own houses and share accommodation to reduce the cost of living.	The SPD does make reference to this in paragraph 5.2.5.
AAJ's Accommodation	Para 5.4.7	The data shows that a very small fraction of HMO occupiers were involved in anti social behaviour during the previous year. The Council is stereotyping students as causing the problems, by suggesting that young and transient occupiers are less responsible than permanent residents.	The SPD does not indicate that the noise nuisance is caused by HMOs occupied by students.
Quayside Architects	Para 5.4.7	Complaints arising from HMO use is relatively low	Acknowledge that this is a low figure.
Residential Landlords Association	Para 5.4.7	No significant evidence put forward to justify why restrictions on HMOs are appropriate to deal with issues such as noise. Other powers are available to deal with this issue. The matters supposedly justifying the policy such as noise disturbance, waste & car parking can be addressed using other powers.	Other powers can be used to deal with the issues arising from HMOs and the Council does use them. A virtual HMO team has just been set up to ensure a more joined-up, cohesive approach to tackling resident and community concerns. However the Council considers that the concentrations of HMOS in certain parts of the city has led to problems and wants to prevent new concentrations of HMOs from establishing. This is best done through the planning system.
Stewart Morris	Para 5.4.7	The figures are hard to understand.	The figures explain that although the number of noise

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
			nuisance notices served was over 200, as each resident has to be served with a notice, it only involved 33 HMO dwellings.
Lorraine Barter	Para 5.4.7	Being a long term resident in Polygon, the only houses she complains about to SCC Noise Nuisance are HMOs.	Comments noted
Tenant Direct	Para 5.4.7	Only a very small fraction of HMO occupiers were involved in anti-social behaviour during the previous year and it is a stereotype to suggest that younger and transient occupiers are less responsible than their permanent resident counterparts.	Comments noted
Stewart Morris; Lorraine Barter	Para 5.4.8	HMO ghetto is not attractive to live in at all, which puts off anyone wanting to settle in an already established HMO area.	Comments noted.
Stewart Morris; Lorraine Barter	Para 5.4.8	Police and Local Authority enforcement teams cannot prevent loud music and night time noise, street crime and threatening behaviour to non HMO dwellers. The nuisance goes on for a year and the nuisance dwellers in the HMOs move out of their own accord when they are ready.	Comments noted.  See comments above re the council's virtual HMO team.
Homelife Lettings	Para 5.4.8	Homeowners in predominantly private neighbourhoods are more likely to prefer that HMOs were confined to zoned areas	Comments noted.
Tenant Direct	Para 5.4.8	Agree that permanent residents are less attracted to areas highly concentrated with HMOs. Therefore it seems pointless to insist that all homes that are currently family residences in these locations must stay that way as this limits the owner's ability to sell their properties.	The guidance does not prevent conversion to an HMO if the threshold has not been breached in an area.
North East Bassett Residents Association	Section 5.5	Family housing whether rented or owner occupiers is the keystone to a balanced community, HMO tend to be of a higher transient occupancy with a high turnover that unbalances a community. Our understanding is that the nationally agreed "tipping	The HMO Lobby group figure of 10% is a figure proposed by a lobby group. Other respondents to the consultation have queried the statistical validity of their analysis. Some local planning authorities have gone with the 10% figure. In the case of Portsmouth City

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
		point" for a sustainable community is 10%, anything over this figure would destabilise the community.	Council and Manchester City Council their Core Strategy inspectors questioned the use of the 10% figure in their policies. In Southampton the council has decided to not just go with the 10% figure but fit the threshold to the circumstances pertaining in the city.
Southern Landlords Association, Brighton	Section 5.5	It is clear that the PPS3: Housing advice for a balanced community is rhetoric as the SPD states 'it is not clear to what exactly constitutes a balanced community' and, neither is there clear advice on how to identify a tipping point'. As a result the HMO policy is subjective / nebulous, and seems geared up to appease local lobbying.	The Council acknowledges that it is difficult to define what a balanced community is. However the council is keen to provide a range of housing across the city to encourage mixed communities, to help to support local services and facilities and to meet the needs of existing and future residents. This is in line with government guidance in PPS3.
Residential Landlords Association	Section 5.5	Council is conflating mixed communities and balanced communities. Whole policy is fundamentally flawed in this regard as ultra vires. PPS3 refers to mixed communities. Council seems to rely on the HMO Lobby concept of a balanced community which objectors claim is unproven and un-researched. If looking at balance why do flat dwellers not count? Para 5.5.4 is one-sided. Only HMOs predominate when in west, south, east & north-east wards HMO residents in the minority.	Acknowledge that PPS3 refers to mixed communities. However, the NPPF, para 111, refers to the objective of creating mixed and balanced communities. The council has not relied on the HMO lobby concept. The HMO lobby suggests that 10% HMOs is the right amount. Some local planning authorities have gone with the 10% figure and in the case of Portsmouth City Council and Manchester City Council the use of the 10% figure in their policies has been questioned. In Southampton the council has decided to not just go with the 10% figure but fit the threshold to the circumstances pertaining in the city. A threshold of 20% in most of the city will allow for further growth of HMOs.  See Section 6 for the response on the inclusion of flats.
East Bassett Residents Association	Para 5.5.1	There is no reference that 'concentrations for accommodation (for the reasons stated in para 5.4.3 above) create an unbalanced community. We request the wording in line 3 is altered from 'which can have' to 'has'	It is not necessarily the case that high concentrations always have a negative impact.  RECOMMEND: No change
Highfield R A; North Southampton	Para 5.5.1	It may not be easy to define a balanced and mixed community but it is certainly easy to define an	Comments noted.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
Community Forum; Alison & Richard Shelly; Drs Claire & Andrew King; Outer Avenue R A; Denise & Gary Miller; Ray Goold; Keith & Sheila Fox' Mr & Mrs R Gibbs.		unbalanced one. OARA area with over 50 % HMOs in not a balanced one.	
Stewart Morris; Lorraine Barter	Para 5.5.1	Noise Abatement Notices do not work when the complainant does not live near enough to the noise makers. There are properties in between occupied by students who will not complain about the noise. Noise makers ignore Environmental Health letters and long term sufferers have to deal with it themselves at all hours of day and night.	Comments noted
Southampton Federation of Residents Association; East Bassett Residents Association	Paras 5.5.2 & 5.5.8	The National HMO Lobby has studied this problem, and their research gives a percentage tipping point of 10%. While the national 10% figure is reflected in northern Southampton, there is concern for the higher 20% figure for the rest of the city.	The HMO Lobby group figure of 10% is a figure proposed by a lobby group. Other respondents to the consultation have queried the statistical validity of their analysis. Some local planning authorities have gone with the 10% figure. In the case of Portsmouth City Council and Manchester City Council their Core Strategy inspectors questioned the use of the 10% figure in their policies. In Southampton the council has decided to not just go with the 10% figure but fit the threshold to the circumstances pertaining in the city.
Stewart Morris	Para 5.5.2	The tipping point should be 20%. Any higher ratio would lead to long term residents suffering bad health due to stress and danger from Anti Social Behaviour.	A figure of 20% has been proposed as the threshold for all parts of the city except for Bassett, Portswood and Swaythling.
Lorraine Barter	Para 5.5.2	The tipping point should be 15%. Any higher ratio would lead to long term residents suffering bad health due to stress and danger from Anti Social Behaviour.	A figure of 20% has been proposed as the threshold for all parts of the city except for Bassett, Portswood and Swaythling. It is considered that with 9.3% of private tenure housing already in use as HMOs and the demand likely to increase then some there needs to be

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
			capacity for reasonable growth of HMOs.
East Bassett R A	Paras 5.3.5-5.5.5	Accepted.	Comments noted.
Stewart Morris; Lorraine Barter	Paras 5.5.4 & 5.5.7	Families, elderly and couples are underrepresented because so many have fled the HMO dominated areas. The Polygon has been ghettoised since students colonised its streets from 1990 onwards.	Comments noted. The aim of the SPD is to prevent future concentrations of HMOs establishing in the city.
Liberal Democrat Group	Para 5.5.5	Delete 'relatively' in first line.	It is considered that this sentence appropriately describes the situation.  RECOMMEND: No change
Stewart Morris; Lorraine Barter	Para 5.5.5	In the Polygon area some roads are almost 90% HMOs, in other roads about 40-70%. The wards should be divided up into areas with a ratio imposed accordingly, as the wards are too vast to control or give a fair ratio of housing mix for there to be a reasonable lifestyle for all householders.  Polygon should be treated as being from Commercial Road to Wilton Avenue, north of Wilton is a separate area. Fitzhugh is separate including Wilton Avenue and Archers, who have their own residents association.	The threshold will be applied to a 40 metre radius from an application site so for each application it will be considered at a local level. To apply a threshold for an area wider than this when considering a planning application would be manageable at the planning application stage which means it should be kept as small as possible to be workable. Also needs to be clear, easily understood and easily applied.
Homelife Lettings	Para 5.5.5 & 5.5.7	Attempting to put families in and amongst established student communities in Portswood and Highfield close to the Universities goes against the grain. Question whether families would choose to live in a student area.	Comments noted. The council's intention is to build stronger communities across the city with a mix of housing types.
Stewart Morris; Lorraine Barter	Para 5.5.6	Not suggest but it is more likely to be a fact.	Comments noted. This will not necessarily be the case if the minimum number of tenants live in an HMO.
East Bassett Residents Association	Para 5.5.6	Accepted, with the exception that the wording in line 5 is clearer as 'This would suggest that the population size <u>in that age group</u> will be higher'	Accept the wording is not clear. The final sentence in that paragraph explains that the population living in an area with HMOs will be higher than average, not that the population size in a certain age group is higher.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
			RECOMMEND: amend the 4 <sup>th</sup> sentence of paragraph 5.5.6 to read “This would suggest the population size will be higher than average within a community with ...”
Highfield R A; North Southampton Community Forum; Alison & Richard Shelly; Drs Claire and Andrew King; Denise & Gary Miller; Ray Goold; Keith & Sheila Fox; Mr & Mrs R Gibbs,	Para 5.5.6	The point about HMO tenures is that they tend to be of a higher occupational density with young adults and a high turnover.	The CPC survey showed that HMOs were mainly occupied by younger people who were more transient.
East Bassett R A	Para 5.5.7	Suggest wording changed from ‘This can lead’ to ‘This leads’	It does not necessarily follow that the community will become imbalanced.  RECOMMEND: No change
Student Union University of Southampton (SUSU)	Para 5.5.7	The University community supports much of the wider community and offers engagement, employability and business. A student community can be a supported and well resourced community.	Comments noted
Liberal Democrat Group	Para 5.5.8	We accept the nationally recognised tipping point of 10% and advocate its adoption. No more than 15% HMOs should be permitted within a 40m radius anywhere in the city.	See response to Southampton Federation of R A & East Bassett R A, para 5.5.2 above.
Highfield R A; North Southampton Community Forum; Alison and Richard Shelly; Drs Claire and Andrew King; Outer Avenue R A; Denise & Gary Miller; Ray Goold Keith & Sheila Fox; Mr	Para 5.5.8	We strongly disagree: the nationally agreed “tipping point” for a model community is 10%, above which any community becomes destabilised and therefore bound to distort the balance.	

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
& Mrs R Gibbs			
Stewart Morris; Lorraine Barter	Para 5.5.8	Clarification sought why is it not possible to define a tipping point or define a model community.	The Council is not aware of any government guidance which provides any advice on how to do this. Evidence of the city's demography indicates that it is complex.
Outer Avenue Residents' Association	Para 5.5.8	Polygon testament to area where community destabilised with nearly 90% HMOs.	Comments noted

Respondent	Section / Para	Comment	SCC response
<b>6. The approach</b>			
<b>General comments</b>			
Tower Gardens Neighbourhood Watch Area Residents Association	General	In view of the changes foreshadowed in the Consultation Document we would urge a moratorium on applications for planning permission for conversions to HMO or their extensions until the Council agrees new policy arrangements.	Applicants do not currently need planning permission to change a family home into a C4 HMO until the Article 4 direction comes into force on 23 <sup>rd</sup> March. The Council is unable to impose a moratorium on HMO application as the applicant is entitled under the provisions of the Town and Country Planning Act 1990 (amended) to submit a planning application which the Council must determine once validated.
Liberal Democrat Group	General	Reference should be made to the number of bedrooms as well as occupants.	The Council must refer to the government's definition under the planning system, which defines the occupation of HMO through the number of occupiers. A HMO can therefore operate with the number of occupiers lawfully permitted regardless of the number of bedrooms. There may be circumstances where two people will occupy the same bedroom such as a couple. This is an example where the control on the number of bedrooms would not control the overall number of occupiers.  RECOMMEND: No change
Julian Jenkinson; Studentnofee property; Chris Brown	General	The policy should make it clear that it does not seek to act retrospectively by forcing conversion of current C4 floor space into C3 floor space.	The judgement whether it is expedient to take enforcement action is matter for the Enforcement team to determine for each individual case. The Article 4 direction does not apply retrospectively and, therefore, the use of property operating as a C4 HMO prior to 23 <sup>rd</sup> will deemed lawful after this date.  RECOMMEND: No change
Tower Gardens Neighbourhood Watch Area R A	General	It should be made clear in the SPD that retrospective planning permission will not be allowed.	
Julian Jenkinson;	General	The 10% wards have better organised, better funded	Comments noted.



<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
Studentnofee property; Chris Brown		and more vocal residents organisations than in other areas of the city.	
Keith Haughton	General	Would move out of the street where he lives if the number of HMOs increased due to the problems associated with 3 existing HMOs in the street.	Comments noted. The intention of the guidance in the SPD is to reduce problems mentioned by respondent.
<b>6.2 Defining the tipping point</b>			
<b>Alternative approach</b>			
C Bagust; Southern Landlords Association, South Hampshire Branch	General	The Rugg report into Private Rented Housing (PRS) concluded that the policy now being proposed by SCC was not appropriate. SCC given no justification as to why it is reasonable for it to have ignored the findings of this report, including policing the worst hit areas for HMOs. The Article 4 directive will not ensure the affected that the life of the affected residents will improve if the Council and Police fail to perform as they have done to date. The report further states that the flexibility of the PRS needs to be protected, and policy interventions should flow with the market rather than seek to change its essential characteristics.	The Rugg report was published in October 2008 and since that date there have been a number of significant changes to Government policy for HMOs. The Council's approach is fully in line with current Government policy. In November 2010 the current government removed the need to obtain planning permission for a change of use to C4 but also indicated that councils could introduce A4 directions if they considered there was a problem with high concentrations of HMOs.
Simon Hill	General	The guidance does not specifically reflect the main impact of HMOs and alternative approaches for controlling these impacts. The main impacts can be dealt with by alternative approaches under other statutory powers, such as section 215 of the Town and Country Planning Act 1990 to improve physical condition of properties; environmental health powers to address antisocial behaviour. The community mix is affected by the interaction, relationships and support between neighbours, however, the support from the student dwellers is diminished by their transience and term time stay.	The Council has established a virtual HMO team consisting of all services that are involved with regulating HMOs in Southampton, including Planning, Housing, Environmental Health, Waste, Community Safety, Benefits and City Patrol. The team is working to improve the flow of information between teams to ensure a joined-up, cohesive approach to tackling resident and community concerns. This will also help to ensure a more targeted approach, in particular to environmental issues. The initial work programme includes developing a corporate HMO protocol, which will clearly set out legal powers and accountabilities;

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
			<p>developing a shared HMO database; and cascading information to officers working in all teams so that they are aware of the support available to robustly tackle issues. It is planned to widen the virtual team to include external agencies, such as the Universities and the Fire and Rescue Service.</p> <p>RECOMMEND: No change</p>
North East Bassett Residents Association	General	<p>Whilst this document is comprehensive and very clear and fair, there is no mention of the landlords' responsibility for the upkeep of property. Many HMO properties suffer from a lack of good housekeeping. A levy should be paid by the landlord to ensure the property is maintained to a certain standard, and if not, a private contractor or the Council sort it out, and deduct from the levy. No objection to the principle of the HMO as a problem, however, the occupants tend to be, unchecked and unruly, with no respect for the community they live in.</p>	<p>In addition to response above, a Landlord levy to maintain properties is outside the scope of the SPD.</p>
Shaw Green	General	<p>Object to the SPD as it places undue emphasis on ill-defined social ills alleged to flow from too many HMOs in a given area and the knock on effects on property resale values for 'normal' properties. These ills would be better addressed by the council providing adequate street cleaning and enforcing existing anti-social behaviour powers to deal with the small number of problem HMOs.</p>	<p>See response above.</p>
J Dahle	General	<p>Support the SPD. Not against HMOs but how they are managed &amp; lack of control of numbers and spread by SCC.</p>	<p>See response above.</p>
Residential Landlords Association	Section 6.2	<p>The result of dispersal of HMOs to other parts of the city could result in concerns from existing residents regarding noise and disturbance and other issues being introduced into these existing residential</p>	<p>See response above.</p>

Respondent	Section / Para	Comment	SCC response
		areas. There is no plan to manage this new provision.	
Liberal Democrat Group; J Dahle	General	A commitment to introduce Additional Licensing for all HMOs to help ensure that properties are kept in a better working order and appearance for the benefit of tenants and neighbours alike. This should be introduced as proposed to be introduced in Oxford. In addition to internal health and safety standards, provisions need to include no removal of front walls, permeable driveways, limitations on how letting signs can be displayed to ensure a much better street scene.	<p>Current Council policy is that powers contained in the Housing Act 2004 and associated legislation will be used to regulate housing conditions in and the management of HMOs. An additional licensing scheme, as introduced by Oxford City Council, is considered to be unduly bureaucratic. The Council operates a mandatory licensing scheme for high-risk HMOs (properties of three or more stories containing five or more unrelated people).</p> <p>The consent for the display of signs is controlled under existing advertisement regulations, and the Enforcement team to investigate any breach of the regulations. Under a planning permission an appropriate planning condition can be applied to prevent the removal of a front wall, and require the use of permeable materials.</p> <p><b>RECOMMEND: No change</b></p>
Residential Landlords Association	General	Accreditation schemes for landlords could be utilised.	See response above with regards to the other powers that the Council uses to manage HMOs. There is an existing accreditation scheme (SASSH) in place where the University of Southampton and Solent University are working in partnership with the Council to accredit Landlords.
Student Union University of Southampton (SUSU)	Enforcement	Proposes regular 2 monthly meetings to be set up between SUSU and the council's enforcement team to consider what key issues have arisen and check they are resolved.	<p>This is outside the scope of the SPD.</p> <p><b>RECOMMEND: No change</b></p>
Simon Hill	General	There are benefits and disbenefits to using an area of restraint areas approach compared to threshold/ An area of sacrifice where HMOs are permitted and	The SPD is proposing a 20% threshold for the rest of the city outside the northern wards, where mostly there are lower proportions of HMOs It would not be

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
		areas of restraint in all other areas would offer more certainty to all including house purchasers and sellers and suit the needs of HMO dwellers, however, result in permanent occupiers living in designated areas being swapped by HMOs. In comparison, the threshold approach which would result in 2 in 5 households living next-door to a HMO under a 20% threshold.	appropriate for the Council to seek to micro-manage the HMO market, but we do need to take action to prevent the further development of excessive concentrations in particular locations. The purpose of the document is to prevent new concentrations of HMOs and encourage a more even spread across the city.
AAJ's Accommodation	General	Areas of existing high density of HMOs should be zoned for permitted HMO use, and areas not serving the HMO market should be preserved for residential/family use only.	Many types of property in a wide range of locations within the city are capable of conversion to HMO use. The guidance sets down parking standards and other advice affecting amenity which will impact on the type of properties that are capable of successful conversion.
Homelife Lettings	Para 6.6.2	HMOs areas are driven by the local universities increasing the demand for HMOs and reducing the demand for family housing. Zoning seems more beneficial with areas that have a high concentration of HMOs remaining so.	The purpose of the document is to prevent new concentrations of HMOs and encourage a more even spread across the city.
Tenant Direct	Para 6.2.7	A definitive list of roads should be provided where the conversion of remaining C3 dwellings to a HMO would not further harm the character of the area. Tenant Direct can compile this list of roads that should be exceptions to the new regulations.	RECOMMEND: No change
AAJ's Accommodation	Para 6.2.1	The Council are taking the wrong approach by not accepting that HMO demand is in an area where HMO occupiers want to live. Likewise homeowners are likely to prefer that HMOs are confined away from them.	
Tenant Direct	Para 6.2.2	New HMOs must be provided in the areas where they are required.	
Residential Landlords Association	Section 6.2	If restrictions are imposed policy should say where smaller HMOs are encouraged. To meet need other areas will have to be designated.	In addition to response above, the 20% HMO threshold proposed for the central wards recognises that the demand for HMOs tends to be highest in this part of the city due to good transport links and access to employment and facilities.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
			RECOMMEND: No change
Highfield R A; North Southampton Community Forum; Alison & Richard Shelly; Drs Claire & Andrew King; Liberal Democrat Group; Outer Avenue R A; D & G Miller; R Goold; K & S Fox; Mr & Mrs R Gibbs	Para 6.2.5	Strongly recommend there is a presumption that in future in the central wards the priority will be to create new HMOs above shops and would like this written into the SPD.	This requirement for the specific location of HMOs would go beyond the scope of policies CS16 and H4 and, therefore, cannot be introduced in the guidance under the SPD.  RECOMMEND: No change
<b>Evidence for tipping point</b>			
East Bassett R A; D & M Heathfield; Alastair Duke	Sec 6.1	Accepted / Supported.	Comments noted.
Mrs J Pritchard	Para 6.2.1	Welcome council recognition of the need to regulate and remove the permitted development rights to convert a dwelling house into another HMO	Comments noted.
Alan Pritchard	Para 6.2.1	Support in principle the proposed change in planning policy which is long overdue	Comments noted.
Dr Richard Buckle	Para 6.2.1	Support limiting and controlling further granting of HMOs under planning regulations	Comments noted.
Stephen Connolly	Para 6.2.1	Support proposed HMO legislation as the city of Southampton and especially Highfield maintain family friendly and sustainable communities.	Comments noted.
Keith Dennis	Para 6.2.3	The proposals for thresholds appear to strike the right balance between the requirements for HMOs in a university city and the needs of local residents.	Comments noted.
Keith Dennis	Para 6.2.1	Agree with the proposal to restrict the number of new HMOs in the Highfield / Portswood area because of the extra cars in the road during term time and the need to maintain a normal residential area.	Comments noted.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
Martin Moore	6.1	Fully support the basis of the proposals as there will still be a healthy profit for HMO landlords once good standards are set and the only injured parties will be landlords with no regard for their tenants and who are only interested in excessive profits.	Comments noted.
Megan Cottell	Para 6.2.6	The SPD is flawed since, where many or most of the houses in a street are HMOs on 23 <sup>rd</sup> March, then the character of the street has already changed.	The threshold approach cannot retrospectively reduce the number of existing HMOs in an area of high concentration. The approach will prevent new concentrations from establishing once the article 4 direction comes into effect.
Southern Landlords Association, Brighton	General	Tipping point thresholds for different areas indicate vociferous lobbying and appeasement.	Comments noted.
C Bagust	Sec 6.2	Council not provided any evidence for level which it regards as tipping point for density of properties occupied as HMOs. Will need to provide evidence if does not want policy to be rejected by Planning Inspectorate.	With regard to the queries about the evidence it is acknowledged in the draft SPD that there is no clear advice about how to identify the tipping point when a concentration of HMOs in a local area begins to adversely change the character and balance of the community. However it is generally acknowledged that concentrations of HMOs can have an adverse impact on an area.
Julian Jenkinson; Studentnofee property; Chris Brown	General	There is no empirical evidence provided as to the level of the tipping point, in fact it is noticeable that under the title 'defining the tipping point' there is no definition (paragraphs 6.2.1 to 6.2.7). There are however many roads in Highfield that have 50% of properties as HMOs but remain very desirable residential roads which suggests that even the 20% threshold is set far too low. We therefore propose that the threshold in the SPD is set at 50% for all areas. This will ensure that the SPD is in compliance with its stated aims of 'meeting the city's housing needs' (paragraph 5.2).	See response above. See response 'Residential Landlords Association – section 6.2' below on thresholds.
Tenant Direct	Para 6.2.4	10% and 20% is not really a balanced community, suggest that half HMO and half private housing	See response above.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
		equates to an equal balance. Looking at whole wards does not address the real issue that students specifically want to live in small neighbourhoods and so within certain blocks of roads there are 80-90% HMOs.	
Vega Flats	General	Acknowledge that a high concentration of HMOs in one street can lead to problems, and there are certain streets where the HMO tipping point already happened a long time ago. Any street can have a certain number of HMOs without keep having problems. HMOs are an important part of the housing stock. Proposed threshold is too low, whilst 90% would be too high. The SPD does not seem to explain why these figures were chosen as the threshold, when the tipping point is unknown. Believe the tipping point should be set at nearer 40 to 50%.	See response above.
Highfield R A; North Southampton Community Forum; Alison & Richard Shelly; Drs Claire & Andrew King; D & G Miller; R Goold; K & S Fox; Mr & Mrs R Gibbs; Alastair Duke	Para 6.2.4	The suggested 20% threshold for other Wards is too high. 20% of properties means 33% of population. 1/3rd transient adults = imbalance and destabilisation.	See response above.
AAJ's Accommodation	Para 6.2.4	There should be an equal balanced ratio between HMOs and private housing. Some areas will be already equally balanced in the favour of HMO/student accommodation.	See response above.
Outer Avenue Residents' Association	Para 6.2.6	Welcome aim of halting decline of owner occupied households in the northern wards but would like this extended to Bevois too.	See response above.
Keith Haughton	General	Freemantle has a lower level of HMOs than other wards in Central group, compared to areas such as	See response above.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
		the Polygon. This artificially inflates the percentage being used as a reference for the Freemantle ward to the future detriment of its residents. The grouping of wards leads to inaccurate figures for specific wards such as Freemantle.	
Southern Landlords Association, South Hampshire Branch	General 6.2.3	The 10% threshold is specifically targeted at student houses in the northern wards as self interested NIMBYism of those people who chose to live in the area, who were aware they would be living next door to student houses.	Comments noted.
Chris Brown; Southern Landlords Association, South Hampshire Branch	General	The motivation of the SPD is not social but political. All types of occupation of properties cause issues, many of them serious, but the only ones deemed politically expedient to deal with are those caused by HMOs. Residents of HMOs are almost exclusively on lower incomes and crucially are far less likely to vote, particularly in local elections. This will result in social engineering by suggesting HMO dwellers should live elsewhere as there are too many. There is serious concern that this has been supported by SCC political representatives. HMO dwellers could be seen as an ethnic minority.	Comments noted
C Bagust	General	The A4 direction & the SPD are politically motivated and administratively unsound. This is why threshold for certain wards is lower than for rest of city.	Comments noted.
East Bassett R A	Paras 6.2.5-6.2.6	Accepted.	Comments noted.
Highfield R A; North Southampton Community Forum; Alison and Richard Shelly; Drs Claire and Andrew King; D & G Miller; R Goold; K & S Fox; Mr & Mrs R Gibbs	Para 6.2.6	We endorse the Experian data and agree with the aim to halt the decline of owner occupied households.	Comments noted.



<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
Southern Landlords Association, Brighton	General	There is no credible evidence of HMO demand.	It is difficult to put a precise figure on the demand for HMOs in the future but it is accepted within the SPD that, overall, the demand is likely to increase to some degree. The Council's Housing Needs team have indicated that the changes to the Local Housing Allowance for those under 35 years old are likely to affect over 400 people. However, demand from professional people and from students for HMOs is unknown. It is for this reason that a threshold figure of 20% has been proposed for all the city's wards (outside Bassett, Portswood and Swaythling) as this will enable growth in HMOs. Currently HMOs comprise 9.3% of the city's total private tenure housing stock.
C Bagust	Sec 6.2	About 50% of city's housing not available for use as HMOs because council's housing and RSL stock cannot be used as HMOs. Also unusual for occupants of flats to fall within definition of HMOs. Therefore thresholds should be at least twice the current proposed level to achieve current proposed number of HMOs in city.	See response above. See response 'Residential Landlords Association – section 6.2 below on thresholds.
Vega Flats	General	The new Housing Benefit Rules for under 35s and increasing youth unemployment will increase the need for HMO accommodation, ironically when Southampton is capping its supply. These policies will lead to an increase in rents as supply decreases and demand increases. This will be good for existing landlords with HMOs. It will also distort the housing market as existing HMOs will increase in value and private house prices, will decrease in streets with a large number of HMOs.	In addition to the response above. The purpose of the document is to prevent new concentrations of HMOs and encourage a more even spread across the city. The council's intention is to build stronger communities across the city. A 20% threshold in the parts of the city outside the northern wards will allow for a reasonable amount of growth above the city's existing stock of HMOs. The new planning regime is not retrospective and rental levels for the large HMO market in the city will continue to be determined largely by levels of demand for the existing stock.
Concept Design & Planning	Para 6.2.3	10% threshold in northern wards not driven by statistics & evidence. SO17 part of this area & has 25% students. Reduction in HMOs in area will mean	The intention of the SPD is to disperse the impact of HMOs across the city. Therefore, the supply of HMOs in the rest of the city, outside the northern wards

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
		students have nowhere to live. SO19 has far fewer students but has proposed threshold of 20%. SPD needs to reflect demand in an area. Demographics for each area should be looked at. Each ward needs to have a percentage based on the existing & not a reduction.	should, over time, increase. Rents will primarily be determined by levels of demand for the existing very large stock of HMOs, which is likely to continue to grow citywide.
AAJs Accommodation	Para 6.5.1 and 6.2.3	The threshold will result in a blanket ban on HMOs in areas of high demand as the threshold has already been exceeded, and will not allow sufficient capacity for further growth to meet this demand. This will result in more vacant properties due to the limited family home market within that area.	The purpose of the document is to prevent new concentrations of HMOs and encourage a more even spread across the city. The council's intention is to build stronger communities across the city. A 20% threshold in the parts of the city outside the northern wards will allow for a reasonable amount of growth above the city's existing stock of HMOs. The new planning regime is not retrospective and rental levels for the large HMO market in the city will continue to be determined largely by levels of demand for the existing stock.
Tenant Direct	Paras 6.2.3 and 6.5.1	The limits are way below what is required and for the most part will already be exceeded. Where this is the case, it seems the council are going to be making a blanket ban on the exact areas that demand more HMOs.	See response above.
Julian Jenkinson; Studentnofee property; Chris Brown	General	In this area there is inconsistency between the SPD and the Housing Strategy. With the thresholds set as they are at present of 10% and 20%, there will be insufficient capacity for additional HMOs. 16.9% of private houses which are suitable for use as a HMO are presently being used as a HMO. Representation further figures on this.	See response above.
M Clark	Sec 5	Previous Housing Director asked him if private sector could expand to help with housing needs. SPD will have opposite effect.	See response above.
T Clark & Son Ltd	Sec 6.5	Landlords will not want to wait 8 weeks for planning applications to be processed when considering	Comments noted.

Respondent	Section / Para	Comment	SCC response
		prospective tenant applications. Most will decline shared tenancies.	
Watkins Jones Group	General	Support the SPD, as students should be housed in purpose built, managed accommodation, which is recognised by universities and private operators for providing student accommodation. The accommodation is rigorously managed so it has minimal impact upon the surrounding area. Conversely, HMOs are unmanaged and uncontrolled creating impacts upon the amenity of the surrounding area.	Support welcomed.
Liberal Democrat Group	General	Inclusion of a new planning policy to set a cap on the numbers of students from our two universities living in rented accommodation in the communities, and requiring the universities to provide additional purpose-built student accommodation as a condition of planning permission for any new developments which would increase student numbers (as in force in Oxford).	It is outside the scope of the guidance in the SPD to introduce new policy to cap the number of students living private rented housing and to also require Universities to provide additional purpose built student accommodation. Under the existing saved policy H13 in the Local Plan Review, development will be permitted for development by the University and other higher education institutions where suitably located and phased residential accommodation is provided to meet the increase in student numbers.  RECOMMEND: No change
James Ives	General	City Council should be much more proactive in encouraging the universities to increase provision of properly managed accommodation to house the student population. This would increase potential for HMOs to return to family accommodation. Believe similar moves have been made in other cities e.g. Nottingham with some success.	See response above.  The future demand for student accommodation is uncertain at the moment. University of Southampton is looking to provide an extra 1000 student bedspaces.  RECOMMEND: No change
AAJ's Accommodation	General	The prosperity of areas such as Highfield, Polygon, Portswood, Swaythling, etc will become run down where HMOs are popular, which will disbenefit from the landlords no longer investing in the local housing.	It is difficult to estimate but expect there to still be applications for HMOs. The intention of the SPD is to disperse the impact of HMOs across the city. Therefore, the supply of HMOs in the rest of the city,

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
		<p>The housing close to university no longer appeals as family home, which are better suited for HMOs given the number of bedrooms. Alternatively there will be a higher demand for subdivision of these properties into flats, which will detract from the character of the local area.</p> <p>The creation of HMOs in other areas of the city where do not exist will likely alienate present residents and make their peaceful neighbourhoods less appealing to the family market.</p>	<p>outside the northern wards should, over time, increase.</p> <p>See response below to C Bagust – Enforcement under section 6.2 on demand in existing HMO market.</p> <p>RECOMMEND: No change</p>
Residential Landlords Association	General	Restricting supply of small HMOs will lead to rent levels being driven up this reducing supply of affordable accommodation, particularly in areas where sharers want to live. This kind of accommodation is vital to the mobility of the workforce.	<p>The intention of the SPD is to disperse the impact of HMOs across the city. Therefore, the supply of HMOs in the rest of the city, outside the northern wards should, over time, increase. Rents will primarily be determined by levels of demand for the existing very large stock of HMOs, which is likely to continue to grow citywide.</p> <p>RECOMMEND: No change</p>
C Bagust	Enforcement	If council does effectively enforce this policy it will cause two tier housing market. Properties with C4 rights will be valued at higher level in areas of demand than those which are C3 only. In today's market may cause significant falls in market value of C3 properties.	<p>The purpose of the document is to prevent new concentrations of HMOs and encourage a more even spread across the city. The council's intention is to build stronger communities across the city. A 20% threshold in the parts of the city outside the northern wards will allow for a reasonable amount of growth above the city's existing stock of HMOs. The new planning regime is not retrospective and rental levels for the large HMO market in the city will continue to be determined largely by levels of demand for the existing stock.</p> <p>RECOMMEND: No change</p>
John Paisey	General	In addition this will distort the local housing market, with the resale value of the only HMO to be much	See response above.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
		higher than the surrounding family homes which cannot be turned into a HMO. This is unfair, open to profit making speculation and possibly open to legal challenge. Agree with need to control high concentration of HMOs, though the Council should encourage HMOs with smaller number of occupants rather than facilitate a false market of HMOs with a very large number of occupants and exclusively professional landlords who know how to manipulate the rules.	
RLA	Property values	Likely to be an adverse impact on capital values. A property which can only be used as a single dwelling could be worth up to third less than similar adjoining property which can be used as a single HMO. This has happened in Leeds & Nottingham. This could create a rush to obtain planning consent for HMOs. Is this a desirable function of the planning system?	See response above.
Chris Brown; Southern Landlords Association, South Hampshire Branch	Article 4 direction Prices of property	The supply of rented properties from considerate landlords who want to stay within the law will be restricted and as a result, rents will rise in the popular areas. Two tier house prices will be created with significant higher prices offered for dwellings with HMO use. Unscrupulous landlords may take a chance on the purchase of a cheap property to convert into a HMO without planning permission. House prices will decrease as less wealthy people move into the cheaper properties and result in negative equity creating another set of social problems.	See response above.
A Woolnough	Sec 6.1	Not only HMO dwellers who need to be accessible to jobs, services & public transport.	Comments noted.
C Bagust	Sec 6.2	HMO residents usually younger &/or poorer than overall population. Find it more convenient to live nearer city centre or place of study. Why should the	This is recognised in the SPD. A 20% threshold outside the northern wards is intended to meet future demand for HMOs. A more restrictive threshold has not been

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
		council adopt a policy that will inconvenience people who choose or require an HMO?	proposed for the city centre as this area is popular for single, working people who want to be close to employment and facilities. A 20% threshold here will allow for some growth in HMOs
Shaw Green	General	Proposal to spread HMOs across the city to geographically distribute the student population is impracticable as there is a lack of affordable transport options, particularly at night. Also proposal will mean additional costs for students at a time when fees are rising.	See response above.
Marcia Baker	6.2.2	Dispute that HMO households would not wish to be located on the edge of the city as young professionals or job seekers could live at any location and may prefer to live somewhere with adequate parking for up to 4 cars.	Comments noted. Accept that not all HMO dwellers own a vehicle and may prefer to live in a location which is accessible to places of work and study by public transport. This would be allowed by the SPD.
Residential Landlords Association	Section 6.2	Dispersing HMOs around the city will lead to more journeys by car.	The aim of the guidance in the SPD is to prevent new concentrations of HMOs and to assist in achieving a mix of households within the city's neighbourhoods meeting different housing needs. Other council policies promote sustainable travel and discourage car use.
Caroline Nokes MP	Section 6.4	Need to apply policy with degree of flexibility & cognisance that future number of students may fluctuate thus impacting on demand for this type of accommodation.	Acknowledge that the future demand for student accommodation is uncertain at the moment. University of Southampton is looking to provide an extra 1000 student bedspaces. See 'Shaw Green – para 6.2.3' response below on affecting students.
AAJ's Accommodation	General	The restrictions will unnecessarily push HMOs out of the areas they presently favour to live into areas where they are not needed. HMOs should be allocated in areas where they are needed, generally near the city centres or closest to the Universities.	The purpose of the document is to prevent new concentrations of HMOs and encourage a more even spread across the city. The council's intention is to build stronger communities across the city. A 20% threshold in the parts of the city outside the northern wards will allow for a reasonable amount of growth above the city's existing stock of HMOs. The new planning regime is not retrospective and rental levels for the large HMO market in the city will continue to be

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
			determined largely by levels of demand for the existing stock. See response below on affecting students.
Shaw Green	Para 6.2.3	Disagrees with the inclusion of Portswood in the 10% bracket given its popularity with students. An important part of university experience is missed if house sharing & student communities are not fostered.	Students naturally prefer to live close to the universities but both universities are highly accessible by sustainable transport modes. Students in any case only account for part of the demand for HMOs in the city and there remains a very large stock of HMOs which are very close to the two Universities The aim of the guidance in the SPD is to prevent new concentrations of HMOs and to assist in achieving a mix of households within the city's neighbourhoods meeting different housing needs. Other council policies and university policies promote sustainable travel for students and discourage car use.
AAJ's Accommodation	General	Student communities like to live within their own community; this is natural as any other communities who like to live together. Students prefer to live close proximity to the universities which is suitable for their needs. Students will spend more time travelling giving them less time to study, and will be an extra cost on top of their low income. Also cause more pollution having to travel further by car or public transport. This will lead to traffic congestion, as students will have to own a vehicle and therefore result in a serious increase in the volume of additional cars in their local area. The increase car ownership will cause parking problems where they live and within the universities. Female students will be more vulnerable.	See response above.
Homelife Lettings	Para 6.2.2	Students want to live in and amongst communities of students and do not want to live in areas that are not conducive to access to the universities. HMOs should not be forced into unsuitable areas and their supply limited. Those wishing to occupy them should	See response above.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
		be given the freedom of choice within their preferred location.	
Homelife Lettings	Para 6.2.3	Disagree with setting a threshold limit for new HMOs as there is a demand by students who specifically wish to live in areas that contain multiple HMOs and close by to the universities.	See response above.
John Paisey	General	Object to the SPD as it will prevent him from using his property for his children to use as shared accommodation with other students when they will study at Southampton University. Planning permission will be refused as there is already one HMO within the 40m radius, there will be no right of appeal.	See response above. The applicant is able to appeal a planning decision.
Tenant Direct	Para 6.2.1	Disagree. Students specifically want to live in certain areas for a reason and do not want to be 'out on a limb' in areas not conducive to assess to universities. Likewise homeowners in predominantly private neighbourhoods would prefer that HMOs were confined to areas with other HMOs surrounding them. Suggest zoning areas for HMOs and where they are not allowed.	See response above. See 'Simon Hill – General' response above on micro-managing HMOs.
M Clark	General	Preferable for students & staff to walk to university.	See response above.
Students Union, University of Southampton	Para 6.2.5	Question why Bassett, Portswood and Swaythling are identified as areas of restraint when Central has the highest proportion of HMOs. As the identified areas surround the University of Southampton, the decision would seem to be aimed at preventing the growth of students living in HMOs. An EqIA would highlight this. There is no reference to an Equality Impact Assessment which should have been completed and consulted upon.	See response 'Residential Landlords Association – section 6.2' below on thresholds.  An Equalities Impact Assessment was prepared for the Core Strategy. This SPD provides further guidance on Policy CS 16 of the Core Strategy The Equalities Impact Assessment found that policy CS 16 had a positive impact on disability, race, gender, faith and age.  An Integrated Impact Assessment has been completed for the SPD (and the associated Article 4 Direction).



<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
			This shows that the guidance may lead to a reduction in the supply of HMOs in some parts of the city thus affecting the distribution of housing opportunities for young people. However, the University of Southampton is looking for an extra 1000 residential spaces in the city which is likely to reduce the demand for HMOs for students
Residential Landlords Association	General	No consideration of the type of accommodation which is suitable for conversion and use for HMOs. Policy based on scattering new HMO accommodation across the city without any proper regard for where new HMOs should be situated. No evidence has been produced in support of this approach.	<p>The SPD is proposing a 20% threshold for the rest of the city outside the northern wards, where mostly there are lower proportions of HMOs. It would not be appropriate for the Council to seek to micro-manage the HMO market, but we do need to take action to prevent the further development of excessive concentrations in particular locations. The purpose of the document is to prevent new concentrations of HMOs and encourage a more even spread across the city.</p> <p>Many types of property in a wide range of locations within the city are capable of conversion to HMO use. The guidance sets down parking standards and other advice affecting amenity which will impact on the type of properties that are capable of successful conversion.</p> <p>RECOMMEND: No change</p>
East Bassett Residents Association	Para 6.2.2	Feel it is inappropriate for the necessity of HMOs to be placed in areas most convenient to HMO occupants, as people will travel by whatever means of transport they have regardless where they live. This will have a heavier burden on areas unaffected by the percentage threshold. In the interest of fairness to the city as a whole, the wording should end 'cost of renting'.	<p>The threshold approach controls the location of HMOs according to the concentration of HMOs and not the cost of renting for HMO dwellers.</p> <p>RECOMMEND: No change</p>
C Bagust	General	A4 direction & SPD may infringe Article 8 of the Human Rights Act 1998. Where a landlord has	With regard to the Human Rights Act in so far as any planning policy may amount to a fetter or restriction on

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
		agreed that a tenant may use a property as defined under C4 use, if they are then prevented from doing so by a refusal of planning permission by SCC this may contravene tenant's rights under this Act.	the private use or development of land, it is considered that the proposed PSD is necessary and proportionate having regard to the need to control development for the benefit and needs of the wider community.
Residential Landlords Association	Human rights	Policy is not compliant with Articles 8, 11 & 14 and Article 1 Protocol 1 of the European Convention on Human Rights incorporated in English law by virtue of Human Rights Act 1998. This is particularly relevant to enforcement proceedings.	See response above.
Residential Landlords Association	Equality Impact Assessment	Proposed policy will have a disproportionate effect on under 35 age group. Age is a protected characteristic under the Equality Act 2010 & as a result the provisions of S149 of the Equality Act 2010 apply, particularly paragraphs (b) & (c). Council has not carried out their obligations under S149. No assessment has been carried out despite the evidence base showing that the young would be adversely affected by the proposed policy. There has been a failure to comply with this obligation and the situation needs to be rectified.	See 'Students Union, University of Southampton – 6.2.5' response above.
Thornbury Avenue and District Residents Association	General (Sec 6.2)	Object to a dual threshold approach, as this will result in a higher proportion of housing benefit claimants living in areas of the city with a higher threshold for HMOs, which is considered to be unfair on the existing community as there is more social problems perceived with this type of household.	The purpose of the document is to prevent new concentrations of HMOs and encourage a more even spread across the city. The council's intention is to build stronger communities across the city. See response 'Residential Landlords Association – section 6.2' below on thresholds.
Caroline Nokes MP	Sec 6.2	Pleased to see Council addressing issue in Bassett. Larger family homes in this ward proved attractive to landlords.	Comments noted.
<b>Threshold approach</b>			
East Bassett R A	Para 6.2.1	Accepted.	Comments noted.
Martin Moore	Para 6.2.3	The 10% / 20% threshold is a good starting point as it is accepted that any restrictions will result in landlords targeting areas without HMOs.	Comments noted.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
James Ives	General	Support general intention of restricting the proportion of HMOs in an area, as is the 10% threshold for the northern wards. Concentrations of HMOs can have a detrimental impact on the character of an area as well as community cohesion and sustainability. Also a shortage of family housing in the City as much traditional housing in HMO use.	Comments noted.
Residential Landlords Association	Section 6.2	<p>Application of percentages wholly inappropriate. Only where there are substantial concentrations based on a wider geographic area than the 40m radius should the question of potential restriction even arise. Do not believe levels of concentrations justify this. A policy such as this should be written in more general terms.</p> <p>Objective to maintain a diverse housing stock that would cater for all sectors of the population.</p> <p>Objective be to prevent serious erosion of range &amp; choice of housing types &amp; tenure in terms of mixed communities rather than trying to introduce notions of out of balance communities formulated in percentage terms.</p> <p>This policy will move the problems around the city.</p>	<p>These thresholds are designed to provide a mix of housing types in each area and to reduce to a minimum any further loss of family homes across the city, whilst taking account of the character and amenity of each area. The northern wards (Bassett, Portswood and Swaythling) and the central wards of the city (Bargate, Bevois and Freemantle) are the areas with the highest numbers of HMOs. The lower threshold in the northern wards will safeguard the character and balance of the communities in these wards from the level of HMO concentration which affects the central wards and aims to prevent the further loss of family homes in these areas. The overall impact of additional HMOs is somewhat reduced in the central wards where the range of properties is greater, the density higher and the population is more transient. The threshold of 20% in these areas (and elsewhere across the city) will serve to provide a mix of housing types in each area.</p> <p>It is considered that a threshold lower than 20% should not be applied across the city as this will not allow for any further growth in HMOs in the city. Currently some 9.3% of the properties in the city are HMOs. There will continue to be a demand for further HMOs due to the recent changes in Local Housing Allowance affecting single under 35s and the impact of the current economic climate affecting the cost of property,</p>

Respondent	Section / Para	Comment	SCC response
			<p>particularly for young single people although it is acknowledged that future demand for student accommodation is uncertain. Conversely it is considered that a threshold as high as 50% is not likely to prevent more properties being converted into HMOs in the existing areas and streets of the city where there are already high concentrations of HMOs. Taking into account the need for other household types, such as families, it is considered that this threshold would not sustain a balanced and mixed community.</p> <p>A 20% threshold for all areas outside the northern wards will disperse HMOs around the city and prevent new concentrations from establishing. Reducing the concentration of HMOs will reduce the opportunity for disturbance and help to sustain mixed and balanced communities.</p> <p>Individual wards have not been used as the area to set the threshold level because there is little correlation between ward boundaries and the distribution of impacts arising from potential new HMOs. Any new HMO will primarily affect the immediate locality around the property, so it is appropriate that the threshold is set at this level.</p> <p>The HMO Lobby group figure of 10% is a figure proposed by a lobby group. Other respondents to the consultation have queried the statistical validity of their analysis. Some local planning authorities have gone with the 10% figure. In the case of Portsmouth City Council and Manchester City Council their Core Strategy inspectors questioned the use of the 10% figure in their policies. In Southampton the council has decided to not just go with the 10% figure but fit the</p>

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
			threshold to the circumstances pertaining in the city.
Southern Landlords Association, Brighton	General	% based policy (e.g. 30% family; 10% shared accommodation) is inflexible	See response above.
Simon Hill	General	There is no coherent or objective justification given for the dual threshold approach.	See response above.
Quayside Architects	Sec 6.2	Reason for thresholds not made clear in SPD. Council should more clearly specify alleged harm.	See response above.
East Bassett Residents Association	Paras 6.2.3 & 5.5.8	As referred to in para 5.5.6, the occupancy rates of HMOs is higher than those in dwellings. 20% threshold of HMOs could produce as much as 33% population, and a threshold of 15% is advocated.	See response above.
Keith Haughton; Thornbury Avenue and District Residents Association; Vega Flats; Julian Jenkinson; Studentnofee property; Barbro and Simon Fitzjohn; Chris Brown	General	There is no clear justification why the threshold is set at 10% for the northern wards while a 20% threshold is applied to the rest of the city. 10% HMOs would be harmful to all wards, especially Shirley and Woolston where there is not currently a high concentration. The higher threshold limit for the central wards will lead to a reduction in the northern wards at the expense of the Bevois, Bargate and Freemantle residents. The thresholds should be set at existing levels of HMOs in the central and northern wards.	See response above.
Alan Pritchard	Para 6.2.3	The smaller percentage permitted in some wards is unfair and would prefer a single overall allocation of 15%.	See response above.
Stephen Connolly	Para 6.2.3	Citywide percentage should be no more than 15%.	See response above.
Dr Richard Buckle	Para 6.2.3	Support 10% threshold for the northern wards. In other parts of the city a 15% threshold should apply as 20% would lead to a disproportionate number of temporary residents so de-stabilising the community.	See response above.
Liberal Democrat Group	General	We welcome the setting of a threshold of 10% within a 40m radius for Bassett, Portswood and Swaythling Wards. However we believe the same figure should apply to Bargate and Bevois Wards and that the threshold elsewhere in the city should be set at no	See response above.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
		more than 15% (20% of properties is equivalent on average to 33% of residents). We would also wish to see a cap on no more than 10% of all properties in any ward being HMOs.	
Barbro and Simon Fitzjohn	General	Believes that the variation in the threshold levels will result in the ghettoising of certain wards such as Bevois. The threshold should be an average of 12% or 15% for all wards in the city.	See response above.
Barbara Sheppard; L Murphy; J Dahle; N Buchanan; S Dorney; M O'Connor & M Bell; Mr D Spencer; S Shennan & J Barker; T Jacobs; Mr G Gillies; P Noyce; Mrs Z Petruv; R Lindsey; P & B Matcham;	General	The Bevois ward should be included in the 10% threshold or at least up to 15%, which includes Gordon Avenue and the surrounding roads: Livingstone, Earls, Alma, Avenue, Rose, etc. The character of this area has changed for the worse over the last 30 years due to high increase in HMOs. The area cannot support any further increase of HMOs, given inadequate street parking; littered pavements including poor refuse storage; neglected front gardens; overcapacity Victorian sewer system; noise nuisance and vandalism suffered in early morning hours.	See response above. In addition, the aim of the SPD is to improve standards and facilities of HMOs. Impacts on amenities and other services will be assessed under existing planning policies.
A & D Haslehurst	Sec 6.2	Why are northern wards singled out for lower threshold? Should be 15% everywhere. If differential limit desirable should use boundaries that delineate between different community groups rather than ward boundaries. 40m radius seems right in this respect.	See response above.
C Bagust	Sec 6.2	If have to have city-wide thresholds they should be the same in each ward. If want to impose differing thresholds in certain areas then should not be advocating city-wide thresholds	See response above.
Stewart Morris; Lorraine Barter	Para 6.2.2	Disagrees that the 20% threshold is not applied to Portswood, Bassett and Swaythling. The residents of northern wards would be able to cope with same level of HMOs as suggested for Polygon (Bargate	See response above.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
		ward).	
Cllr Capozolli; Alastair Duke; Mr & Mrs Foster; Mrs J Arnold; Herbert Collins Estates R A; Tower Gardens Neighbourhood Watch Area R A	Para 6.2.3	Support 10% thresholds for northern wards	See response above.
Liberal Democrat Group	Paras 6.2.3-6.2.7	Disagrees that Polygon is omitted from the 10% threshold. Recommends that Bargate and Bevois wards be given the same level of protection as Bassett, Portswood and Swaythling, and that no more than 10% of all properties in any one ward should be HMOs.	See response above.
Tower Gardens Neighbourhood Watch Area R A	Para 6.2.3 & para 6.5.1	Should be 10% Threshold for the whole city.	See response above.
L Murphy	Para 6.2.3	Disagrees with Bevois ward threshold of 20% - thinks it should be 10% in line with the national agreed tipping point for communities.	See response above.
Highfield R A; North Southampton Community Forum; Barbara Sheppard; North East Bassett R A; Alison & Richard Shelly; Drs Claire & Andrew King; Outer Avenue R A; East Bassett R A; D & G Miller; R Goold; K & S Fox; Mr & Mrs R Gibbs	6.2.3 and 6.2.4	We agree with a 10% threshold for the city's northern Wards but would urge a maximum of 15% for the rest of the city.	See response above.
Quayside Architects	Para 6.2.3	Different thresholds between northern wards & rest of city are unreasonable & not based on a consistent	See response above.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
		approach to the alleged harm. Why would 10% cause harm in northern wards. If 20 % acceptable in rest of city then likely that higher percentage be acceptable in centre where more flatted developments.	
Highfield R A; North Southampton Community Forum; Alison and Richard Shelly; Drs Claire and Andrew King; Outer Avenue R A	6.5	Support the proposal for Portswood Ward, but believe the threshold for elsewhere should be no more than 15%.	See response above.
Highfield R A: North Southampton Community Forum; Alison and Richard Shelly; Drs Claire and Andrew King; Outer Avenue R A	6.5	Bevois should be included in 10% threshold & threshold elsewhere should be no more than 15%.	See response above.
East Bassett Residents Association	Para 6.5.1	Accepted, providing that 15% in all areas of the city excluding North Southampton.	See response above.
Nadine and Peter Johnson	Para 6.2.3	Support 10% threshold for the northern wards. We remain appalled that HMOs above 15% should be acceptable elsewhere as concentrations of 15-25% could be 40-60% of the wards population. The actual tipping point is 10% and anything else is unsustainable and cannot achieve a balanced or mixed community.	See response above. See 'C Bagust sec 6.2.' response above on tipping point.
M Clark	Para 6.2.3	Threshold levels proposed not been justified.	See response above.
D Stevenson	Sec 6.2	Favour a 10% threshold for area within 1.5-2 miles of the universities & other areas deemed to have houses of architectural or other merit. 20% limit elsewhere.	See response above.
Herbert Collins Estates	Section 6.2	Conservation areas should have threshold of 5%.	See response above.



Respondent	Section / Para	Comment	SCC response
R A			
P Clarke	Section 6.2	Any area must be limited to less than 50% HMO density. Must be a variety of people living in an area but particularly those who have a stake in the area.	See response above.
P & B Matcham	Section 6.2	Thresholds proposed represent massive increase from 9.3% HMOs. Can this be justified?	See response above.
Mr & Mrs Foster	Para 6.2.4	Support 20% threshold for rest of city	Comments noted.
<b>6.3 Measuring the impact</b>			
Julian Jenkinson; Studentnofee property; Chris Brown	General	It is noted that the thresholds are maximums so if there were 19 properties within 40m as defined in the SPD and one of these 19 were an existing HMO then in the 10% area conversion would not be allowed, leaving a HMO proportion of 1 in 19 or 5.3%. If there were 19 properties within 40m and 3 were existing HMOs in a 20% threshold area then conversion would not be allowed leaving a HMO proportion of 3 in 19 or 15.8%. In addition to threshold being too low, as outlined above, any set threshold will be a maximum and there will be cases where the actual limit will be significantly less than the stated threshold due to the number of properties included in the calculation.	Due to the size of the radius, the proportion of HMOs allowed will be calculated from small groups of residential properties with a minimum of 10 properties. The final proportion of HMOs allowed under the given threshold must be calculated as a whole number of dwellings to avoid any doubt on the number allowed. This figure is rounded up above 0.5, and rounded down below 0.5.  RECOMMEND: No change
Dr Richard Buckle	Para 6.3.2	Welcome minimum distance but suggest this is doubled to 80m.	Whilst the 40 metre radius assesses the impact on the immediate neighbours who are most likely to be significantly affected. In addition to the response above, this will be a workable approach for planning officers.  RECOMMEND: No change
A Woolnough	Para 6.3.2	A good policy should not be driven by the cost and convenience for the Council of evaluating individual planning applications - so should not opt for radius of 40m.	
East Bassett Residents Association	Paras 6.3.1-6.3.3	The negative impacts associated with HMOs impact on the whole street and not just the nearest neighbours.	
Residential Landlords	Para 6.3.2	A wider area than 40m radius should be adopted.	See response above. The guidance can be reviewed if

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
Association		Doubt that it is capable of proper monitoring / enforcement. The calculations are very difficult to make.	issues are raised that were not addressed in the SPD or circumstances change.  RECOMMEND: It is proposed to add a section to the SPD to refer to monitoring. It is proposed to add text to paragraph 6.4.2 to make the guidance clearer on how the concentration of HMOs is calculated whilst referring to the relevant worked examples.
Dr Richard Buckle	Para 6.3.2	In areas of lower density housing, the proposed 10 houses should include those on nearby roads crossing or joining the road on which it is situated, not solely those fronting the street with the same street address.	The approach of only counting the properties with the same street address will avoid any doubt which property should be counted as one of the 10 nearest. Each neighbourhood in Southampton has different patterns of development depending on the typology and era of housing, where the layout of the housing is not always uniform and evenly built out along the street and may have irregular shaped plots. These characteristics of housing would make it open to interpretation at application stage precisely which property should be counted for the 10 nearest properties in adjacent or crossing streets.  RECOMMEND: No change
Simon Hill	Para 6.3.3	Not clear whether properties in adjacent streets are included.	
Nadine and Peter Johnson	Para 6.3.2	Support proposed 40 metre radius of measurement between one HMO and another. Support in principle the proposal of an interval of 10 residential properties for those with wider frontages. However it must be made absolutely clear how the latter are measured and the rule must be applied to all sides of a property.	
James Ives	Para 6.2.6	Refers to the current levels of C4 concentrations in the northern wards. It states that the 10% limit applied to these wards under the SPD proposals means that further concentration of C4 uses will be resisted. However, the way the policy operates is on the basis of a 40m radius, not on a ward basis. There will be many streets in the northern wards where the threshold will not have been met and so there could well be a lot of scope for further changes to C4 under the policy. It could be misinterpreted as meaning that because the 10% limit has been met in these wards that further growth in HMOs will be	Individual wards have not been used as the area to set the threshold level because there is little correlation between ward boundaries and the distribution of impacts arising from potential new HMOs. Any new HMO will primarily affect the immediate locality around the property, so it is appropriate that the threshold is set at this level. A new HMO will be permitted where the threshold limit has not been breached subject to the impact on amenity and character of the local area. The Council does not have up to date evidence on a ward basis which shows the distribution of HMOs within each of the northern wards.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
		resisted. This is not the case.	
Thornbury Avenue and District Residents Association	General	It is not clear whether the thresholds are applied within ward boundaries, and whether HMOs will be allowed in pockets of streets in Freemantle under the 20% threshold although the 50% of the properties in the ward are HMOs.	RECOMMEND: No change
D Long	Section 6.3	Concern at the 10% and 40m being used in conjunction – there may be areas that have exceeded 10% but the distribution could be such that more are permitted.	
Mr & Mrs Foster	Section 6.3	Concerned that density of occupation ignored in the application of threshold limits. For example within 40m radius could have up to 2 large HMOs with many more occupants than other dwellings. Suggest one large HMO should count as two C4 HMOs.	A HMO household in the SPD applies to both a small and large HMO. Although the level of occupation level of a large HMO is higher than a small HMO, they are treated as the same type of household. The threshold is designed to provide a mix of housing types in each area taking into the concentration of existing HMOs surrounding the application site. Notwithstanding the threshold limit or exceptional circumstances, the amenity and character impacts arising from the proposal due to the density of occupation for a new large HMO will be a material consideration.  RECOMMEND: No change
M Clark	Para 6.3.2	If there are 2 adjacent HMOs the 40m radius could be around the two and they could count as 1 unit. This would have little further impact on the surrounding area.	The threshold is designed to provide a mix of housing types in each area taking into the concentration of existing HMOs surrounding the application site. The impact arising from each individual HMO will be assessed separately such as intensification of use, highway safety, and amenity.  RECOMMEND: No change
Stewart Morris; Lorraine Barter	Para 6.3.1	The assessment is not very accurate of how far the negative impact of high concentrations can be felt. As the noise impact of HMOs dwellers returning	See 'Simon Hill – section 6.2' response above on other powers to enforce the impacts of HMOs.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
		home from clubs due to shouting and screaming and kicking bins can be heard two or three roads away from where it happens, which goes unabated as the police cannot attend to this kind of minor crime.	RECOMMEND: No change
Herbert Collins Estates R A	Section 6.3	Support the area of impact being defines as 40m or 10 nearest properties.	Welcome support
Highfield R A; North Southampton Community Forum; Alison and Richard Shelly; Drs Claire and Andrew King; Outer Avenue Residents' Association; D & G Miller; R Goold; K & S Fox; Mr & Mrs R Gibbs	Para 6.3.2	Welcome and accept the proposed 40 metre radius for the purpose of measurement.	Welcome support
Outer Avenue Residents' Association	Para 6.3.3	Welcome protection for areas with wider frontages than 10 residential properties.	Welcome support
Highfield R A; North Southampton Community Forum; Alison and Richard Shelly; Drs Claire and Andrew King; D & G Miller; R Goold; K & S Fox; Mr & Mrs R Gibbs	Para 6.3.3	If Standard policy (6.3.2) provides more protection for areas with wider frontages than the 10 residential properties suggested as an alternative, then we believe that this should be applied.	A minimum of 10 nearest properties will ensure that the concentration of HMOs is measured consistently where properties predominantly have wide frontages.  RECOMMEND: No change
East Bassett Residents Association	Para 6.3.4	Following should be added; 'A review, by questionnaire, to assess the suitability of the radius applied, inside and outside of the radius, will be carried out 12 months after any new application is approved'.	The guidance can be reviewed if issues are raised that were not addressed in the SPD or circumstances change.  RECOMMEND: No change in response to using a questionnaire. It is proposed to add a section to the SPD to refer to monitoring.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
Caroline Nokes MP	Section 6.3	Welcome proposal to use a radius to apply threshold limit. Also need to consider residents complaints about noise, parking & litter.	Comments noted. See 'Simon Hill – section 6.2' response above on other powers to enforce the impacts of HMOs.
Martin Moore	Para 6.3.2	Whilst having reservation about the 40 metre radius for setting the 10%/20% limits this is a good starting point as it is accepted that any limitations will result in landlords targeting areas where there are currently no HMOs.	Comments noted.
<b>6.4 Implementing the threshold</b>			
<b>Counting HMOs</b>			
A & D Haslehurst	Section 6.4	Local residents should be able to challenge any information about existing or proposed HMOs provided by landlords. Include a commitment to prosecution if misleading information is provided by prospective landlords.	The applicant should provide supporting evidence to support their case which would be expected with any other type of planning application. The strength of the evidence will be weighed up in the case officer's recommendation as a matter of fact and degree.
Stewart Morris; Lorraine Barter	Para 6.4.1	The applicant will not provide accurate figures, which would be open to abuse as the Council does not have its own HMO figures. This approach must be removed from the document.	Third parties have no right of appeal prior to the determination of a planning application. Third Parties are able to challenge the planning decision through Judicial Review post determination. It is the legal duty of applicants to provide accurate information. Where inaccurate information is provided the applicant would risk their planning permission becoming invalid.  RECOMMEND: No change
D Long	Section 6.4	Concerned about where there is doubt about whether properties are HMOs or not... the council should err on the side of caution and include it in the percentage count.	Where there is significant doubt as to whether a property is an HMO, it will not be counted towards the threshold. The Council's decision would be open to challenge through the appeal process where unproven evidence has been relied on.  RECOMMEND: No change

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
East Bassett Residents Association	Para 6.4.1	It is inappropriate for the applicant to be responsible for estimating the number of existing HMOs in the relevant area. The wording; 'The applicant .... supporting data' should be deleted and replaced; 'Applicants will be requested to list any other properties they own and are letting within the relevant area'.	See response above to 'A & D Haslehurst sec 6.4'. There is no legal obligation under the planning process for the applicant to disclose information about their existing properties unless it is in connection with the red line boundary of the application site. This would have no bearing on the concentration of HMOs in the given area.  RECOMMEND: No change
Outer Avenue Residents' Association	Para 6.4.1 &	SPD should insist that all HMOs are registered retrospectively so that veracity of an HMO applicant's estimates of surrounding HMOs can be confirmed transparently & not be subject to dispute.	See response above on disclosing details about properties.
Outer Avenue Residents' Association	Para 6.4.3	All landlords should be compelled to register their HMO property portfolios retrospectively so that there can be no dispute about the number of HMOs falling within the 40m radius.	
A Woolnough	Para 6.3.2	Council needs to make sure of accuracy of the figures for HMOs in order to avoid bad policy making & challengeable erroneous decisions.	The Council will use a variety of sources to investigate the location of HMOs. It is acknowledged in the draft SPD that the sources for HMOs are not conclusive or exhaustive record, and these sources will initially provide a reasonable indication of the numbers of HMOs in a street. It is also emphasised that it will not be possible to guarantee a 100% accurate count in all cases. Further investigation of individual properties may be required by the planning officer to provide greater confidence in the Council's estimate.  RECOMMEND: No change
Quayside Architects	General	SPD as drafted will give rise to a number of planning appeals. Lack of clarity & reasonable evidence base will leave council open to awards of costs at appeals.	See response above.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
Residential Landlords Association	Paras 6.4.3 to 6.4.5	<p>Not possible to tell from external inspection whether property used as an HMO. Council acknowledges that it does not have the information that is readily available to operate the policy. Also objectionable as some information e.g. Council Tax only available to the Council. Impossible for a potential applicant to establish whether the required percentage level is or is not met. Situation made worse by breadth of C4 direction.</p> <p>Rules not enforceable. Will there be a material change of use involved if a single dwelling is occupied by a group of unrelated people? Will the council be able to keep track of these changes of use? Does the council have the resources to carry out the necessary enforcement work or process applications?</p>	See response above and below. The Council will be increasing its resources by employing an additional Planning Enforcement Officer.
Quayside Architects	Para 6.4.3	<p>Identification of HMO properties is labour intensive. SCC must make necessary information available free to potential applicants. Believe records of SCC Private Housing team will not be made available prior to application; this is an unreasonable approach. Believe Council Tax records will not be referenced by council.</p> <p>Also verifying existing HMO uses is labour intensive for applications that do not require a planning fee. Other planning services will suffer.</p>	<p>The SCC Private Housing team and Planning Officer site visit will be removed from the sources of HMOs. The Private Housing records are not publicly available, and the investigation carried out by a Planning Officer will be reported at application stage. Therefore, these sources of information are not to members of the public to estimate the number of HMOs.</p> <p>The electoral register and HMO licensing register are both public records. The applicant will be able to apply for a pre-application advice through the Council's pre-application service (see section 9 of the SPD), where the Planning Applications team will carry out an estimate of the number of HMOs within the defined area of impact. It will be reported to the applicant whether the application site is currently above or below the threshold without identifying the individual location of HMOs. The Council Tax records for student exempt</p>
Stewart Morris; Lorraine Barter	Para 6.4.4	All the estate agents have lists of HMOs on their websites.	
Highfield R A; North Southampton Community Forum; Alison and Richard Shelly; Drs Claire and	Para 6.4.3	<p>We would also ask that the following could usefully supplement the council's information and records of HMOs:</p> <ul style="list-style-type: none"> <li>Residents own surveys and independent information.</li> </ul>	

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
Andrew King; East Bassett R A; Tower Gardens; Neighbourhood Watch Area R A; Simon Hill; D & G Miller; R Goold; K & S Fox; Mr & Mrs R Gibbs		<ul style="list-style-type: none"> <li>• Council Tax records for Student exemptions.</li> <li>• Properties advertised with Letting agencies.</li> <li>• Officers liaising with local residents when making their own independent site visits.</li> <li>• University accommodation lists</li> <li>• Company records of large property companies</li> </ul>	properties will not be available for public request as this would be a breach of the data protection act. However, the Planning Applications team will include Council Tax records as a source of evidence when estimating the number of HMOs at pre-application stage. Once the formal application has begun, the specific locations of HMOs will be reported in the case officer's report including those shown on the Council Tax records.
Lorraine Barter	6.4.5	There shouldn't any doubt identifying HMOs as local residents are aware which ones are HMOs, and student HMOs are exempt from Council Tax.	The other records suggested will not be included in the SPD as they are not publicly available records. The validity of these records has not been verified by the Council.
Barbro and Simon Fitzjohn	General	It is noted that the planning application for change of use must be accompanied by details of existing HMOs. Will the residents in the area be consulted especially as they may have local knowledge of which the council is not aware?	Other evidence of the location of HMOs provided by the applicant will be investigated by the case officer. The case officer will take into consideration comments received by during the statutory consultation. The case officer will weigh these considerations against the weight of other relevant material considerations when recommending their decision. A third party has no right of appeal, and they are able to challenge the decision through Judicial Review.
Shaw Green	General	Document highlights impracticability of identifying HMOs yet places an unreasonable demand on an applicant to identify that their proposed HMO does not fall foul of rules.	RECOMMEND: Text will be added to paragraph 6.4.3 to state that Council Tax records will be used as a source of HMOs whilst emphasising the limited public access to these records. The sources listed above will be deleted from this paragraph. Text will be added to the paragraph to make it clearer that a property missing from the electoral register may or may not be an HMO, which can be investigated through other sources mentioned.
Quayside Architects	Para 6.4.3	Sources for identifying HMOs do not guarantee the necessary degree of accuracy. If evidence base unreliable then SPD is flawed.	
Tower Gardens	Paras 6.4.3 &	Support.	Comments noted.



<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
Neighbourhood Watch Area R A	5.5.8		
East Bassett R A	Paras 6.4.4-6.4.6	Accepted.	Comments noted.
Stewart Morris	Paras 6.4.5, 6.4.6	Support statement.	Comments noted.
East Bassett Residents Association	Para 6.4.1	Within the EBRA area EBRA found a significant number of addresses omitted from the Voters list, some which are student lets. Therefore suggest that on the published Voters List 'No return received' is noted against the house number.	See 'Quayside Architects – para 6.4.3' response above on investigating properties not on the electoral register.
Stewart Morris; Lorraine Barter	6.4.2, 6.4.3	HMOs must be checked internally by a Planning Officer, as some HMOs can look like family homes.	A planning officer has no legal right of entry into properties outside the redline boundary of the application site, unless it is in connection with the enforcement of planning powers.
Highfield R A; North Southampton Community Forum; A & R Shelly; Drs C & A King; East Bassett R A; D & G Miller; R Goold; K & S Fox; Mr & Mrs R Gibbs	6.4.2	Agreed.	Comments noted.
Barbara Sheppard; L Murphy	General	Uncertain why flats and nursing homes, etc are exempt from the equation as the occupiers are usually not a related single household, and should be included as HMO in the threshold calculation.	See response below. Nursing homes and other similar type of residential accommodation such as children's homes are exempt from the definition of HMOs under the 2004 Housing Act (Schedule 14).
Outer Avenue Residents' Association	Para 6.4.2	Disagree. A two bed flat can be occupied by 4 people. All flatted blocks should be included and counted as HMOs because of the pressure they put on parking & drainage infrastructure.	1 and 2 bed flats have been excluded as it is considered that they are unlikely to be used as HMOs. Including 1 and 2 bed flats would considerably increase the scope for the amount of HMOs in some mixed use roads.
Highfield R A: North Southampton Community Forum; Alison and Richard Shelly; Drs Claire and	6.5	1 & 2 bedroom flats can also be converted into small HMOs.	

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
Andrew King; Outer Avenue R A			
Mrs Z Petruv; P & B Matcham	Para 6.4.2	Purpose built flats should not be excluded from the calculation as some used as HMOs.	
Residential Landlords Association	Para 6.4.2	Why are flats excluded from the calculation? This skews the calculation. Also wrong to count all flats in one curtilage as one unit only.	
Quayside Architects	Para 6.4.2	Classifying a block of flats as one residential property is perverse approach to assessing potential harm. HMO in area of flats less likely to have a detrimental impact on character and amenity than HMO in an area of family dwellings - if premis that HMO causes such harm is accepted.	
North East Bassett Residents Association	6.2.6-6.4.3	We welcome the formation of a Planning register for HMO, this alongside other planning issues should be monitored and regulated, and residents informed of any new HMO applications.	It is recommended no change is made. The Council has a statutory duty under 'The Town and Country Planning (Development Management Procedure) (England) Order 2010' to publicise applications for HMO conversions in accordance with paragraph 13(5); by site display in at least one place on or near the land to which the application relates for not less than 21 days; or by serving the notice on any adjoining owner or occupier. It is beyond the scope of the SPD to state how each individual applications will be publicised. This will be the discretion of the validating officer in the Planning Applications team.
Simon Hill	6.4.5	Everyone household within the 40m radius should be consulted. Suggest that this can be done by email consultation to reduce administrative burden.	
Barbara Sheppard; L Murphy	General	Unclear whether residents will be consulted when an application is made so that we can object if we feel the wrong information about density in the 40m radius has been given.	
R Lindsey; P & B Matcham	Para 6.4.1	When planning applications submitted hope residents in area will be consulted on impact on local community.	
Tower Gardens Neighbourhood Watch Area Residents Association	Paras 6.4.6 & 5.5.8	The Council should commit to creating and maintaining an HMO database as a matter of urgency, otherwise this will slow down the accretion of data and lead to serious weakness in controlling and monitoring the thresholds.	It is not practical or feasible for the Council to set up and maintain a comprehensive database of all HMOs in the city, given the available resources. The Council will continue to maintain the best records possible from available information sources.  RECOMMEND: No change

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
Marcia Baker	6.4.6	A more comprehensive HMO database could be part of a PhD student project to design an affordable system	See response above.
Marcia Baker	6.4.1	An applicant for a new HMO should not undertake their own estimate of the number of existing HMOs, there should be a proper register held by the council, based on the electoral roll and information from long standing residents.	See response above. See 'Quayside Architects – para 6.4.3' response above, and response above to 'A & D Haslehurst sec 6.4'.
<b>6.5 Threshold guidance</b>			
Highfield R A: North Southampton Community Forum; Alison and Richard Shelly; Drs Claire and Andrew King; Outer Avenue R A	6.5	Material Consideration should be spelt out, e.g. no 'back to backs' or 'sandwiching' of a family home.	It is not proposed to specifically state that there will be no sandwiching of dwellings or a minimum distance between HMOs. These applications will be assessed against the guidance and if the number of HMOs is already above the threshold proposed for that area then they will be refused, unless there are exceptional circumstances. If they are below the threshold then they will be assessed against the other guidance in the SPD that relates to amenity, parking and the Council's relevant development management policies and guidance.  RECOMMEND: No change
Cllr Capozzoli	Section 6.9	Support the principle of instituting a minimum distance between HMOs for measuring purposes and a workable scheme.	
Highfield R A: North Southampton Community Forum; Alison and Richard Shelly; Drs Claire and Andrew King; Outer Avenue R A	6.5	No occupation of out buildings (an increasing problem elsewhere) or building of dwellings in large back gardens	The consideration of building dwellings in large back gardens is assessed under other existing policy and guidance. Where it is appropriate a condition can be applied to ensure that there is no occupation of outbuildings within the curtilage of HMO.  RECOMMEND: No change
Simon Hill	6.5.1	Uncertain on the criteria of assessment in the last para of the policy.	The criteria of assessment set out that other material considerations arising from the impact of a HMO. These

Respondent	Section / Para	Comment	SCC response
			considerations will be taken into account regardless of the threshold level or exceptional circumstances. Several examples of other relevant material considerations have been mentioned, though this is not an exhaustive list.
Liberal Democrat Group	Para 6.5.1	We assume the radius includes gardens etc. NB 'which' in the third paragraph looks like a misprint for 'where'.	Yes, the radius does include the gardens of properties, as the term curtilage (see glossary of draft SPD) comprises of the property and area of land surrounding the property. The word 'where' rather than 'which' would make this clearer in the threshold guidance.  RECOMMEND: Replace the word 'which' with 'where' in the box text under paragraph 6.5.1.
East Bassett R A	Para 6.5.2	Accepted.	Comments noted.
<b>6.6 Exceptional circumstances</b>			
AAJ's Accommodation	Para 6.2.7	Support. There should be a definitive list of the roads being affected which would give landlords/investors and the general public more certainty where to invest safely with the knowledge they can use the property as a HMO.	See response above to 'Simon Hill – General' under section 6.2 about micro-managing HMOs.  RECOMMEND: No change
Tenant Direct	Para 6.6.2	Some concern about what is considered 'reasonable rent' as the HMO will have a far higher rent yield than its C3 counterpart and the level considered reasonable needs to be based on the levels of those that are rented as HMOs.	It is proposed to amend the text in the box of paragraph 6.6.2 to indicate that the reasonable price will be based on an assessment of the property market in the local area. The 'reasonable rent' will be dependent on the conditions of the property market in the local area during the relevant period.  RECOMMEND: Change to text as stated.
Vega Flats	Section 6.6	The paragraphs 6.6 to 6.6.2 do offer help in this matter. It is unfair that an owner-occupier should have to wait 6 months; this part of the SPD could be improved by a quicker decision process. This could	Properties can take more than 6 months to be sold. 6 months is a reasonable period to ensure that the property has been properly marketed for continued family use.

Respondent	Section / Para	Comment	SCC response
		disadvantage people needing to move quickly and not wishing to leave the house vacant for six months.	RECOMMEND: No change
Megan Cottell	Paras 6.2.4, 6.6, 6.6.2 and 6.8.3	The proposal may significantly diminish the value of our property. It is in an area that is sufficiently dominated by HMOs (estimated at least 40-50% HMO) that it is unlikely that a family would choose to move into and we believe that not one family with children has bought a house in this road in the past 5 years. As the result of the requirement for properties to be let as HMOs on 23 <sup>rd</sup> March, we are unable to sell quickly and move to local rented accommodation as landlords want to have local properties rented as HMOs, not to families in March. We feel we are having to make a decision to leave our family home and rent in order to complete the sale and prevent potentially losing a large amount of equity in our home. The proposed 10% / 20% may work well for maintaining a balanced proportion of family homes in streets with one or two HMOs but the policy is clearly unsuitable for localised areas which already have a large proportion of HMOs. The SPD should have a clear policy for these areas to address the problem of families not being able to sell their property.	<p>The Council would like the areas with high concentrations of HMOs to become more mixed communities. However it is recognised that this is a long term aim as there is a demand for HMO properties. As a consequence the SPD includes guidance on how to deal with applications for HMOs in these areas. No upper limit has been proposed for when the threshold ceases to have effect as each application site will be treated on its merits. The exceptional circumstances only apply where the vast majority of properties are already HMOs with 1 or 2 family dwellings remaining and, therefore, the retention of the 1 or 2 family dwellings will not further harm the character of the area. Where there is an exception to the threshold, other material considerations will still apply.</p> <p>Council's virtual HMO team should help to be more proactive re dealing with complaints in these areas.</p> <p>RECOMMEND: No change</p>
Stephen and Elaine Jones	Para 6.6.2	Their semi detached property in the Portswood Ward neighbours student households either side, and have complained to SCC Environmental Health and the University over the past year due to noise nuisance. They wish to move house due to other domestic reasons in area which is over the HMO threshold will be unable to sell their property to a landlord and, therefore, would have a detrimental impact on our ability to sell or let the property thereby significantly reducing the value of our asset. The boxed information should be strengthened to state that C3	See response above.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
		semi detached houses attached to a property already in HMO usage be offered flexible C3/C4 status for sales or letting purposes.	
Stewart Morris; Lorraine Barter	Para 6.6.2	It is impossible to sell a property under these circumstances and the Council would need to offer compensation or agree to buy the properties of those who are unable to move out of a HMO ghetto area through no fault of their own.	See response above.  It is outside the powers of the planning system to compensate or buy owner occupied properties who are struggling to sell their property.  RECOMMEND: No change
AAJ's Accommodation	Para 6.6.2	There is no upper limit proposed where the threshold ceases to have effect.	See response above.
Residential Landlords Association	Sec 6.6	Welcome acceptance that in some areas there is no point in imposing restrictions because the number of HMOs are so high already. Be helpful if relevant percentages could be included in the document as a guide.	See response above.
Tenant Direct	Para 6.6.1	This is a fair consideration although clearer guidance needs to be provided on the 'upper limit' referred to in 6.6.2. Tenant Direct are happy to advise and provide guidance on which roads should be considered exempt.	See response above.
Highfield R A; North Southampton Community Forum; Alison and Richard Shelly; Drs Claire and Andrew King; Outer Avenue R A; D & G Miller; R Goold; K & S Fox; Mr & Mrs R Gibbs	6.2.7 and 6.6.1	Whilst recognising the difficulties of remaining owners in areas of existing high concentrations in trying to sell their properties (not a Planning consideration), we caution any approach that effectively gives up on these areas and would suggest a mechanism is sought to encourage a return of some existing HMOs to family use, either in rental or ownership.	See response above.
East Bassett Residents Association	Paras 6.6.1-6.6.2 and 6.2.7	The Council should be acting to regenerate the Central wards, by seeking grants from Government to purchase the remaining properties owner	See response above.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
		occupiers wish to sell for renovation and let to young professionals unable to afford to buy, and given the option of buying their flat or bedsit in the future. This will have a positive benefit for recreating a balanced and sustainable community.	
Martin Moore	Para 6.6.1	It is essential to take proactive action before the rot sets in. Would support a recommendation that where an area has a high percentage of HMOs the city should step in and acquire houses to add to its housing stock where the only other market would be to HMO landlords.	See response above.
Marcia Baker	Para 6.2.7	Judgements should be made on a street-by-street basis for the Central ward, and the whole of the owner occupied population of the central ward should not be abandoned by the council.	See response above. The judgement will be made on a street by street basis.  RECOMMEND: Change text in first sentence of paragraph 6.2.7 to replace 'central wards' with 'city'.
Mrs J Pritchard	6.6	There should be no more exceptions to granting permission to change of use of a dwelling house to an HMO due to the combined impact of HMOs with care and nursing homes, bail hostels etc.	See response above.
Southampton Federation of R A	Para 6.2.7	This will weaken the effort to achieve balanced and mixed communities.	See response above.
Stewart Morris; Lorraine Barter	Para 6.2.7 and 6.6.1	Some the streets falling under the exceptional circumstances criteria are located in Polygon with almost 90% HMOs. The further conversion to HMOs in these streets would be detrimental to non HMO residents, as HMO dwellers would not report anti-social behaviour, as students generally do not complain about noise or report criminal damage to other people's property. This would infringe the human rights of the remaining non HMO dwellers for the Council to impose such further sufferance. This also affects good natured students who are first time householders and benefit from the support of long	See response above.  See response above to C Bagust – 6.2 under section 6.2 on Human Rights.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
		term residents.	
North East Bassett Residents Association	Para 6.6.1	We would dispute this section, as further HMO will further exasperate the problem for what few owner/occupiers reside in these areas, thought should be given to how to return some of these properties into family homes again.	See response above.
Alan Pritchard	6.6	Concerned about exceptions where the majority of houses in a road are already in multiple occupancy. The creation of HMO and shared housing ghettos should be firmly discouraged. Where an area already has over double the agreed percentage of HMOs, no further changes of use should be permitted under any circumstances.	See response above.
Dr Richard Buckle	Para 6.6.1	Measures need to be taken to encourage the remaining householders to remain in areas with a very high proportion of existing HMOs and continue to be used as private houses. Allowing private houses to become HMOs can worsen the deterioration of the area to a 'ghost town' out of term and rapidly becoming a slum.	See response above.
Nadine and Peter Johnson	Para 6.6.1	We firmly believe that there should be an active policy mechanism to ensure that HMO houses belonging to remaining owners in areas of existing high concentration are returned to family use preferably through ownership and not left as they are.	See response above.
East Bassett Residents Association	Para 6.6.1-6.6.2 and 6.2.7	Concerned that buildings of architectural merit (e.g. Henstead Road or Rockland Place) should be reclaimed as 'fashionable' parts of the city.	Comments noted.
Julian Jenkinson; Studentnofee property;	6.2.7	Strongly support and would not amended if sought by others.	Comments noted.
Thornbury Avenue and District Residents Association	General	Where SPD sets an exception to the threshold for streets which already have a vast majority of HMOs, what is the converse of this situation on a street in	The exception circumstances rule is proposed only to apply to streets where the vast majority of properties are already HMOs, and does not apply conversely for



<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
		the Polygon which has only 5% HMOs? Would an application then be refused?	areas where the majority of properties in the street are family homes.  RECOMMEND: No change
Liberal Democrat Group	Para 6.2.7	In advance of obtaining a special dispensation the property should have been on offer at an independently assessed market rate for six months.	The evidence provided by the applicant will be verified by a qualified person in a relevant profession such as an estate agent to ensure that the market rate and price or rental level is independently assessed under the property market in the local area.
Stewart Morris; Lorraine Barter	Para 6.6.2	The guidance to applicants set out in bold is not acceptable and neither practical, as this can be open to abuse. Properties can already take up to a year to sell. The qualified persons may not be trustworthy or truthful.	
Julian Jenkinson; Studentnofee property	Para 6.6.1	Strongly support and would not amended if sought by others.	Comments noted.
North East Bassett RA	Paras 6.6.2-6.7.2	Agree.	Comments noted.
Highfield R A; North Southampton Community Forum; Alison and Richard Shelly; Drs Claire and Andrew King; Outer Avenue R A	Para 6.6.2	Accepted, notwithstanding comments under 6.2.7.	Comments noted.
<b>6.7 Large HMOs</b>			
AAJ's Accommodation	Section 6.7	There should be no restrictions for large HMOs, and should be automatically granted planning permission in order to accommodate more people. This will help decrease the large demand for single individuals who need accommodation due to affordability and costs, especially with the changes to Housing Benefit Rules. This will reduce homelessness and cost the country a lot less.	Large HMOs are unclassified by the Uses Classes Order and, therefore, require planning permission in their own right. To alter this as suggested by the respondent is beyond the scope of the SPD.
East Bassett R A	Paras 6.7.1-6.7.2	Accepted.	Comments noted.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
Highfield R A; North Southampton Community Forum; Alison and Richard Shelly; Drs Claire and Andrew King; Outer Avenue R A; D & G Miller; R Goold; K & S Fox; Mr & Mrs R Gibbs	Para 6.7.1	Accepted.	Comments noted.
Julian Jenkinson; Studentnofee property	Para 6.7.1	Strongly support and should not be amended if sought by others. For the avoidance of doubt, suggest the following amendment to the statement in the SPD: <i>Planning applications for the change of use of <b>C3 properties</b> into large HMOs will be assessed using the threshold limit.</i>	It is considered that there should be no change to this paragraph as it makes clear to applicants that 'properties' includes all properties which can be converted into a large HMO including C3 dwellings.  RECOMMEND: No change
Julian Jenkinson; Studentnofee property; Chris Brown	Para 6.7.2	Strongly support and should not be amended if sought by others. Para 6.7.2 makes it very clear that threshold rules should not apply for applications for the intensification of use of a Sui Generis HMO as it is 'already established in the street scene'. If this is the case then it would stand to reason that threshold rules should also not apply for the conversion of a C4 HMO into a Sui Generis HMO as an HMO is 'already established in the street scene'. The following statement is suggested to be added to this section of the SPD: <i>Planning permission will be required to change the use of any C4 dwelling to a large HMO. But in this instance the threshold limit will not be triggered as the HMO has already been established in the street. These types of planning applications will be assessed on their own individual merits on a case by case basis against the Council's relevant policies and guidance, including standard of living conditions and parking standards set out in</i>	The existing statement does not make it clear that the exception to the threshold applies to established C4 dwellings, as the para refers (first sentence) to change of use of 'any dwelling' to a large HMO, whereas it should refer to C4 dwellings for the avoidance of doubt.  RECOMMEND: It is recommended that the text in paragraph 6.7.1 in the first sentence is changed to state "small HMOs" instead of "any dwelling".

Respondent	Section / Para	Comment	SCC response
Julian Jenkinson; Studentnofee property; Chris Brown		<p><i>sections 6.9 and 7.</i></p> <p>Applications for subdivision of C4 or Sui Generis floor space into multiple smaller HMO units should not be subject to the threshold rule. This will allow the sub division of large HMOs into smaller, socially cohesive and more easily managed HMOs, where large HMOs are more likely to cause social problems than small HMOs. This is likely to cause a reduction in intensification of use as bedrooms would have to be converted to communal space for the new HMO. This be consistent with and less contentious than the approach as stated in this paragraph, where intensification of use of a sui generis HMO is not subject to threshold rules as the HMO is already established in the street scene. The following statement is suggested to be added to this section of the SPD as new para 6.7.3: <i>Planning permission will be required to convert a Sui Generis or C4 HMO into multiple HMOs. In this instance the threshold limit will not be triggered as the original HMO and all its floor area has already been established in the street scene. These types of planning applications will be assessed on their own individual merits on a case by case basis against the Council's relevant policies and guidance, including standard of living conditions and parking standards set out in sections 6.9 and 7.20.</i></p>	<p>This will result in the concentration of HMOs increasing and, therefore, the threshold will apply. It will be a matter of fact and degree for each individual site whether the impact is harmful as the result of subdividing a large HMO into two small HMOs.</p> <p>RECOMMEND: No change</p>
<b>6.8 Flipping</b>			
Residential Landlords Association	Section 6.8	Pleased to see the reference to this.	Welcome support
James Ives	6.8.1-6.8.3	It is not at all clear what the flipping will achieve and it raises questions over monitoring. The planning	The issue of flipping was raised during informal stakeholder consultation with landlords. The landlords

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
		department is not going to be able to determine whether houses are currently in C4 or C3 use when assessing a new planning application. Uncertain how the use of the dwelling be monitored at the end of the flipping period. If it is designed to encourage landlords to rent accommodation to families safe in the knowledge that it could be used as an HMO at any time, then where is the evidence to show that this would be a consequence of introducing the policy?	were concerned with the problem of not being able to flexibly rent their properties during student breaks or respond to changing market conditions. This approach allows landlords to be flexible with their existing stock.
C Bagust	Para 6.8.1	Statement that properties which apply for & are granted C3 & C4 rights will always be treated as if they are being used as C4 for threshold calculation purposes is problematic. May lead to people applying for C3 & C4 uses in order to prevent neighbouring property owners doing same. Only current use of properties should be considered if council insist on thresholds.	The SPD explains in para 6.5.1 that residential properties with a flexible permission should be counted as a HMO in the threshold calculation regardless of whether the lawful use has changed between C3 or C4 use. It is proposed to make this clearer under section 6.4. Under this approach it will not be necessary to monitor the current use of a property with a flexible permission or require applicants to register the use once it has flipped. The SCC planning register will identify whether a property has a flexible permission for the purposes of calculating the threshold for future applications. It will be the duty of the applicant to ensure they are complying with the requirements of their flexible permission once the 10 year period has ended. The Council would consider whether it is expedient to take enforcement action against a breach of the flexible permission.
East Bassett Residents Association	6.8.1-6.8.3	Accepted. Suggest addition that owners notify the change to the Council in order to retain an accurate mapping of HMOs within the area. The demographic balance will be affected as larger numbers of persons under 34 live in HMOs compared with family dwellings.	RECOMMEND: Make guidance clearer that HMOs with a flexible permission are counted as a HMO in the threshold guidance by adding text to paragraphs 6.4.3 & 6.8.2.
James Ives	6.8.1-6.8.3	The policy should encourage the provision of more family accommodation. The proposals would appear to facilitate the loss of C3 family accommodation to C4 HMO without the need for further assessment of the impacts through the planning application process.	Once a property has been given permission as a C4 HMO it will be counted towards threshold in future applications. This approach will avoid properties with flexible permissions being purposefully flipped to favour the outcome of applications through the given threshold.
Liberal Democrat Group	6.8.2	Permission for 'flipping' between family occupation and HMO status should lapse if a property is sold for family use.	
Highfield R A; North	Section 6.8	We would support any possible return to family use,	

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
Southampton Community Forum; Alison and Richard Shelly; Drs Claire and Andrew King; Outer Avenue R A; D & G Miller; R Goold; K & S Fox; Mr & Mrs R Gibbs		rather than the other way round.	<p>A flexible permission is only granted where the given threshold has not been breached, which shows that concentration of HMOs surrounding the application site, in terms of mix and balance of households, is acceptable. It would be unreasonable for the Council to require an established HMO to remain a family house once it has flipped use from a small HMO or no longer rented as a HMO. The property will still be counted as a HMO against the threshold for future applications and therefore the concentration of HMOs will not adversely affect the balance and mix of households.</p> <p>The right to flip is granted under the provision of Town and Country Planning (General Permitted Development) Order 1995 Schedule 2 Part 3 Class E. To revoke these flipping rights once granted would be unreasonable as this will be deemed permitted development for the applicant for up to 10 years.</p> <p>RECOMMEND: Add text from footnote 20 to paragraph 6.8.2 for clarity over the right to flip.</p>
Highfield R A: North Southampton Community Forum; Alison and Richard Shelly; Drs Claire and Andrew King; Outer Avenue R A	6.5	There should also be a general presumption of protection for C3 family homes.	
D Long	6.8	Agree with allowing converting an HMO back into a private dwelling in high HMO density areas, but if the owner wants to convert back to HMO then permission should be obtained irrespective of time period.	
Martin Moore	6.8.1	Flipping should only be one way in that once a property is no longer an HMO it should be necessary to regain planning consent and meet the then planning standards before returning to use as an HMO. This avoids other landlords gaining consent for HMOs in the interim and the number of HMOs exceeding the standard in that area.	
North East Bassett RA	Section 6.8	We fully support the return to family use.	
Cllr Capozzoli	Para 6.8	Support proposal that landlords can change a HMO back to a family dwelling without planning permission.	Comments noted.
Simon Hill	Para 6.8.2	Could mention that C4 can change to C3	This is mentioned in the first sentence of para 6.8.1 of

Respondent	Section / Para	Comment	SCC response
		(permanently) anyway.	<p>the draft SPD, although this refers to change of use of a lawful HMO to dwelling, rather than clearly specifying that the permitted development rights only applies to C4 HMO to C3 dwelling. It is recommended that the text is changed to reflect this.</p> <p>RECOMMEND: Add sentence to paragraph 6.8.1 to clarify right to revert back to family house.</p>
Outer Avenue R A; D Long	Section 6.8	Clarify if planning permission required to convert a C3 into a C4 dwelling.	<p>Planning permission will be required once the Article 4 direction comes effective on 23<sup>rd</sup> March 2012. The flipping right will be granted under the Town and Country Planning (General Permitted Development) Order 1995 Schedule 2 Part 3 Class E. It is recommended that the document is changed to clarify this point in the glossary and under para 6.8.2.</p> <p>RECOMMEND: See change recommended above.</p>
Marcia Baker	Para 6.8.2	This suggests that existing C4 HMOs will not be able to lawfully revert back to family C3 use, please clarify.	
T Clark & Son Ltd; M Clark	Para 6.8.2	If HMOs applied for with flexible use for 10 years council will have to write to neighbours & display notice on site. This raises concerns of neighbours even though future occupiers may have no impact.	Comments noted. This is standard practice for a planning application.
T Clark & Son Ltd; M Clark	Sec 6.8	Proposals have impact on existing tenancies. For example where a couple, or a family, can no longer afford the rent & take in a lodger for duration of tenancy. These properties will become HMOs. This type of situation likely to have little impact on the surrounding area. Suggest that to ease these situations exemption required for a family plus one. Also suggest there should be an exemption for 3 sharers.	<p>The guidance in circular 08/2010 indicates that properties containing the owner and up to two lodgers do not constitute an HMO. So anyone renting taking in lodgers would constitute an HMO. The circular also defines a C4 dwelling as “small shared houses or flats occupied by between three and six unrelated individuals who share basic amenities”. The council cannot vary this definition. The A4 direction sets out that planning permission will be needed for C4 dwellings.</p> <p>RECOMMEND: No change</p>
<b>6.9 Standard of living conditions</b>			

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
East Bassett R A	Paras 6.9.1-6.9.9	Accepted	Comments noted.
Highfield R A; North Southampton Community Forum; Alison & Richard Shelly; Drs Claire & Andrew King; North East Bassett R A; Outer Avenue R A; East Bassett R A; D & G Miller; R Goold; K & S Fox; Mr & Mrs R Gibbs; P & B Matcham	Section 6.9	We accept and welcome these proposals, including Policy H4.	Comments noted
Martin Moore	General	Once the acceptable standards have been set for HMOs throughout the city, this will give a base line and enable the university and city council to be able to recommend properties meeting these standards whether to individuals or couples receiving housing or attending the city's universities.	Comments noted. The council expects that the standards for new HMOs to rise.
Martin Moore	6.9.2	Any proposal needs to be worded so as to achieve the long term objective of requiring all HMOs to become regulated to provide good accommodation for single persons and couples requiring such accommodation.	See response above.
Outer Avenue R A	Section 6.9	How will the council ensure these standards are enforced?	It will be the duty of the applicant to ensure they comply with their planning permission. The Council will investigate any matter brought to its attention regarding the breach of the planning permission. The Council will consider whether it is expedient to take enforcement action if the layout of the property and associated facilities are in breach of the planning permission.  The Environmental Health Housing Team screens and
A & D Haslehurst	Section 6.9	Important to set standards for HMOs & enforce them.	
Students Union, University of Southampton	6.9.3	Need for standards to be enforced and for consequences if standards are not met. Maintenance of the property was identified as a key issue in internal consultation on recent students' experiences of HMOs. The current council Workload Prioritisation Scheme for non-emergencies in private housing may	

Respondent	Section / Para	Comment	SCC response
		<p>lead to a 16 week wait before the property is checked. This timescale needs to be shortened. Questions raised about how standards are enforced and checked; the size of the enforcement team and consequences if standards are not met?</p>	<p>prioritises all service requests about poor housing conditions and visits cases where there is likely to be an imminent danger on the same day.</p> <p>For cases where a visit is required to deal with a serious hazard, but the property is not occupied by a vulnerable person, the approach was reviewed following customer feedback and an officer now visits within twelve weeks of the service request being received.</p> <p>It is easier for the team to take formal legal action if work has not been completed by the time the officer visits, as the landlord has already had a reasonable opportunity to put things right beforehand. In cases where the landlord is considered unlikely to respond and where there are special circumstances, a visit will be arranged more quickly.</p>
A & D Haslehurst	Section 6.9	<p>Sewers in Gordon Ave area are not satisfactory. Fire safety - some have 3<sup>rd</sup> floors which may not be apparent so may not be licensed.</p>	<p>The condition of sewers and fire safety is beyond the scope of the planning system, which is regulated under separate legislation.</p>
Students Union, University of Southampton	Para 6.9.3	<p>Welcome potentially positive aspect of the application of this Article 4 Direction in improving standards. However the proposed Standards Document is very broad and not specific at all and will not help improve current standards. Suggest adopting universities standards.</p>	<p>The Council's 'Approved Standards for HMOs' is based on Housing legislation and, therefore, any change to these standards is outside the scope of the SPD. However useful to include a reference to the universities standards in section 6.9.</p> <p>RECOMMEND: include a reference to the SASSH standards in Section 6.9.</p>
Julian Jenkinson; Studentnofee property; Chris Brown	Para 6.9.4	<p>This should be removed as these regulations are already covered by separate legislation under the Housing Act. Building Control are not consulted to see if a planning application will comply with Building Regulations (BR) or they would not ask for the planning application to demonstrate compliance with</p>	<p>It is acknowledged that for non-licensed HMOs that standards are advisory and that some of the detail included in para 6.9.4 would not need to be included in a planning application. It is therefore proposed that some of the detail in para 6.9.4 be deleted. However, the council is keen to ensure that the standards of new</p>



Respondent	Section / Para	Comment	SCC response
		BR. It would be onerous for an application to provide the level of detail required to show compliance with the 'Approved Standards for Housing Multiple Occupation' e.g. position of a sink in a bedroom, number of sockets, etc.	HMOs are improved. It is likely that any application that fails to meet these requirements will be refused planning permission. Section 6.9 will be revised to make clear what the council expects applicants to consider when applying for planning permission for HMOs.  RECOMMEND: Revise section 6.9 of the SPD.
Julian Jenkinson; Studentnofee property; Chris Brown	6.9.8	This gives an indication of the required amenity space for an HMO. Suggests the term "private" is given more explanation since an HMO by definition is a set of multiple households the amenity space can never be private. An example would be comparing two separate three household HMOs sharing one amenity space with one six household HMO and its single amenity space. Both situations have equal privacy. Suggests the following additional statement to this para: <i>It is appreciated that an HMO contains multiple households and thus no single household can ever have a "private" amenity space. To this end more than one HMO sharing an amenity space may be acceptable if the space is deemed fit for purpose in accordance with saved policy H4.</i>	As already stated in the draft SPD, the term 'private' amenity space is as referred to in the RDG under section 4. Paragraph 4.4.2 of the RDG states that private amenity space for a dwelling can be created using communal courtyards. It will be a matter of fact or degree for each individual application whether the quantity and quality of the communal space is suitable for separate groups of multiple households.  RECOMMEND : No change
Southampton Federation of Residents Association	6.9.8	Private amenity space needs a strict definition. The amenity space criteria under policy CS16 must be applied to extensions, which tend to increase occupiers and reduce the overall amount of amenity space.	See response above The private amenity space criteria set out under policy CS16 applies to new family homes and, therefore, is not relevant to the increased occupation of HMOs through an extension. The SPD (para 6.9.8) refers to the council assessing whether adequate amenity space is provided for the tenants. If permission for an extension for an HMO is required then quality and usability of the private amenity space will be considered.
Residential Landlords	Sec 6.9	The guidance relating to need to consider effect on	One of the aims of the SPD is to improve the standards

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
Association		overall character & amenities of adjoining residents and car parking will restrict HMOs even in areas where the levels of HMOs not above threshold level. Can these problems be addressed by the use of other powers? Policy H4 seems to give a second bite of the cherry to justify refusal, paras (i) & (ii). Seems to be assumed that residents of HMOs will be detrimental in ways suggested in these paragraphs.	of new HMOs. In assessing any planning application Development Management officers will assess the affect of a proposed development on the overall character & amenities of adjoining residents and car parking.  The guidance builds on the criteria in Policy H 4.
<b>6.10 Waste management</b>			
East Bassett R A	6.10	Accepted	Comments noted.
Highfield R A; North Southampton Community Forum; Alison & Richard Shelly; Drs Claire & Andrew King; Outer Avenue R A; Tower Gardens Neighbourhood Watch Area R A; D & G Miller R Goold; K & S Fox; Mr & Mrs R Gibbs	Section 6.10	Fully support.	Comments noted.
Outer Avenue R A	Section 6.10	Would like to see this applied to existing HMOs.	It is outside the scope of the SPD to retrospectively require bin storage for existing HMOs.  RECOMMEND: No change
A & D Haslehurst	Section 6.10	Lack of adequate storage space in rear of properties.	The applicant must demonstrate on the submitted plans that adequate space is provided at the property for the management of refuse in accordance with the guidance set out in the Council's Residential Design Guide (RDG), section 9. The RDG states that a position

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
			<p>forward of the frontage building line of a refuse storage area will only be accepted if there is no viable alternative (para 9.4.1 refers), though the stored bins should not be visible from a public highway (para 9.4.3 refers). This point about the visibility of the bins should be made clearer as a requirement to protect visual amenity of the local area.</p> <p>RECOMMEND: Add text to para 6.10.3 to state that bins should not be stored visible from a public highway or in full public view.</p>
Outer Avenue Residents' Association	Para 6.10.4	A waste management plan must form part of all applications.	<p>Para 9.4 of the Council's Residential Design Guide (RDG) sets out the guidance for waste management plans although it does not make a plan a compulsory requirement. It is beyond the scope of this SPD to alter this guidance in the approved RDG.</p> <p>RECOMMEND: No change</p>
Marcia Baker	6.10.1	Landlords and letting agencies should have a responsibility of overseeing the way in which tenants dispose of their rubbish to prevent unattractive eyesores as tenants overfill bins.	Comments noted.
<b>6.11 Extensions to existing HMOs</b>			
Simon Hill	Section 6.11	At time of permission for a HMO withdrawal of extension pd rights should be considered at least in selective cases where problems can reasonably be anticipated.	<p>It will be a matter for the case officer to recommend whether it is appropriate to remove these permitted development rights for each individual application.</p> <p>RECOMMEND: No change</p>
Highfield R A; North Southampton Community Forum; Alison & Richard	Section 6.11	We believe Permitted Development Rights should not apply here but recognise that this might require a separate A4D.	A matter for Council's Solicitors to determine whether a HMO has permitted development rights to build an extension.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
Shelly; Drs Claire and Andrew King; North East Basset R A; Outer Avenue R A; D & G Miller; R Goold; K & S Fox; Mr & Mrs R Gibbs			RECOMMEND: Remove paragraph 6.11.1
Dr Richard Buckle	6.11	Extensions to existing HMOs should not be permitted development.	See response above
Liberal Democrat Group	6.9.9 / 6.11.2	Permitted Development Rights should not apply.	See response above
East Bassett Residents Association	Paras 6.11.1	Accepted. Suggested addition that any planned extension must be notified to the Council for the same reason that changes to the demographic balance may result as per comments under para 6.8.1.	See response above If an extension does not require planning permission then the planning department does not need to be notified but it will require Building Regs approval. The council will be notified if they use SCC's Building Control section.
Liberal Democrat Group	6.9.9 / 6.11.2	The application to extensions should be made as strong as possible - in particular an extension which would convert a current small HMO (6 or less) to a large or sui generis HMO should be covered by the same thresholds as a new HMO. Intensification of use must be a material consideration.	Planning permission is required for an extension to a small HMO that converts to a large HMO. These types of planning applications will be assessed on their own individual merits on a case by case basis against the Council's relevant policies and guidance, including the standard of living conditions and parking standards set out in the SPD.
Liberal Democrat Group	6.7.2	Extensions or increased occupancy should be subject to a new planning application, with the thresholds applying.	See response above. Thresholds are based on numbers of properties rather than occupants. They will only apply when considering applications for new HMOs.  RECOMMEND: No change
Highfield R A; North Southampton Community Forum; Alison & Richard	Para 6.7.2	Disagree. Any extension or increased occupancy must require a new planning application. In order to protect the balance of the local community the threshold limit will be triggered. If the property	See responses above.  RECOMMEND :No change

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
Shelly; Drs Claire & Andrew King; Outer Avenue R A; D & G Miller; R Goold; K & S Fox; Mr & Mrs R Gibbs		subject to the planning application is above the threshold then the application must be refused.	
Dr Richard Buckle	Section 6.11	In areas below the threshold level, HMO extension should require planning permission. Where the threshold has been reached, they should be refused as they will further imbalance the ratio of temporary tenants to local residents.	See responses above.  RECOMMEND: No change
Highfield R A; North Southampton Community Forum; Alison & Richard Shelly; Drs Claire & Andrew King; Outer Avenue R A; D & G Miller; R Goold; K & S Fox; Mr & Mrs R Gibbs	Para 6.11.2	We do not agree that an intensification of use is not a material consideration and this clause should be removed.	See responses above.  Planning permission is not required for the number of occupants of a C4 HMO to increase from 3 to 4, 5 or 6 occupants.  RECOMMEND: No change
Tower Gardens Neighbourhood Watch Area Residents Association	Para 6.11.3	Intensification of use or extended floorspace in Class C4 is a material consideration and planning permission must be obtained, otherwise this will encourage unscrupulous landlords to flout regulations and Council policies.	See responses above.
A Woolnough	Section 6.11	Rear extensions to existing HMOs need to be controlled because this affects the amenity value of adjoining gardens for long term residents.	If planning permission is required then applications will be assessed against the Council's relevant policies and guidance, including the standard of living conditions and parking standards set out in the SPD
Martin Moore	6.11	A planning application should be required for extensions to existing HMOs to demonstrate that they meet the then current standards for HMOs and this will result in a gradual improvement in standards.	See response above.
Highfield R A: North Southampton	6.5	Extensions should be looked at carefully and a Planning Condition on the number of	If planning permission is required then applications will be assessed against the Council's relevant policies and

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC response</b>
Community Forum; Alison and Richard Shelly; Drs Claire and Andrew King; Outer Avenue R A		occupants/bedrooms should be applied.	guidance, including the standard of living conditions and parking standards set out in the SPD. As government guidance permits 3 to 6 occupants to live in a small HMOs then the council cannot restrict the number of occupants. On larger HMOs it is likely that the LPA would impose a condition restricting the number of occupants
Julian Jenkinson; Studentnofee property; Chris Brown	Para 6.11.2	Strongly support and should not amended if sought by others. This makes it very clear that extension to a C4 dwelling should not be subject to threshold rules as no material change of use. For the avoidance of doubt (this is partially covered by 6.7.2) an additional paragraph as below is required to make it clear that extension to a Sui Generis HMO with/or without intensification of use should also not be subject to threshold rules: <i>When the Council consider a planning application for an extension to an existing large HMO with or without intensification of use, the threshold limit will not be a applied.</i>	Already stated in sec 6.7 of the SPD that threshold does not apply to extensions to large HMOs  RECOMMEND: Clearly state in paragraph 6.7.2 and 6.11.2 that the threshold does not apply to extensions to large HMOs under section 6.11.
East Bassett R A	Paras 6.11.2 - 6.11.3	Accepted.	Comments noted.
Liberal Democrat Group	General	Flats are also capable of occupation as HMOs and should be included in the thresholds.	See response in Sections 3 & 6 on this issue.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC Response</b>
<b>7. Parking Standards</b>			
Tower Gardens Neighbourhood Watch Area Residents Association	General	The section should take into consideration the impact HMOs might have on street parking, as this can be detrimental to visual amenity, safety of pedestrians, especially those with young families.	The box in Para 6.5.1 sets out that other material considerations (such as intensification of use, highway safety and residential amenity of future and existing occupiers) arising from the impact of the proposal will be assessed in accordance with the Council's relevant development management policies and guidance.
East Bassett Residents Association	Paras 7.1-7.7	Accepted. There should be a reference to the presence or otherwise of a residential parking scheme in the road where the application is being made.	The parking standards in the SPD should be read in conjunction with the guidance in the Parking Standards SPD. Reference is made in this document to Controlled Parking Zones.
Cllr Capozzoli	Para 7.1	Council should also consider parking problems associated with any proposed change to an HMO as the number of cars per dwelling is likely to increase.	If the change to the HMO results in the need to apply for planning permission then parking provision will be considered by the planning authority. However if the HMO is a small (C4) one and the number of occupants increases from 3 to 6 without any change to the fabric of the building then planning permission is not required.
Highfield R A; North Southampton Community Forum; Alison & Richard Shelly; Drs Claire & Andrew King; Liberal Democrat Group; D & G Miller; R Goold; K & S Fox; Mr & Mrs R Gibbs	Para 7.2	The parking standards should be minimum provision. The table shows there is no change in requirement of parking spaces from 3 – 7 occupants, there only being a need for an additional space when the number reaches 8 persons which is insufficient.  Table 2: We would like to see higher maxima for all HMOs of 7 and above.	The car parking standards accord with the general approach in the adopted Parking Standards SPD which refers to maximum parking standards. Maximum rather than minimum standards provide more flexibility to provide the right amount of parking for a development based on individual circumstances and avoid provision of unnecessary parking.  It would not be reasonable to have a blanket minimum in the light of car ownership levels in HMOs and the range and type of properties, many of which are in highly accessible locations. Moreover car ownership levels amongst students are dropping due to motoring costs & university policies. A requirement for minimum standards in these situations would mean more garden area being given over to parking and this would not be

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC Response</b>
			attractive.  In relation to the parking standards set out in Table 2 the maximum parking allowed per bedroom by the Parking Standards SPD exceeds that for parking for HMOs in South Tyneside & Reading & is comparable with that for Milton Keynes. Milton Keynes is a city with poorer public transport provision than Southampton.
Liberal Democrat Group	Para 7.2	Minimum, rather than maximum, parking provisions should apply, with a stronger taper for larger properties.	See response above
M Clark	Para 7.2	There appears to be no requirement for minimum numbers.	See response above
Mrs Z Petruv	Para 7.2, Table 2	Puzzled by the standards. No way that 3 cars can be fitted off street on the small frontage of a 4-bed house.	See response above.  Developers may provide less parking for a development if they can prove that the development does not require the maximum parking provision or they can provide measures such as Travel plans which will help to reduce parking demand.
P & B Matcham;	Para 7.2	Concerned by maximum parking standards. In Alma Rd area unusual to have off street parking & small frontages mean cannot get much on street parking so unlikely for 3/4-bed property to have maximum of 3 spaces as proposed.	See responses above
Residential Landlords Association	Para 7.2	In many cases car parking requirements cannot be catered for within the accommodation and on street car parking is not available. Tenants of this type of property less likely to have cars. If there are problems traffic regulation powers should be used instead of planning powers.	See responses above
Stewart Morris; Lorraine Barter	Para 7.3	Planning officers must be particularly careful with the criteria.	Comments noted See responses above
Quayside Architects	Para 7.3	Requirement to justify parking provision is	Accept that if a development provides the maximum



<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC Response</b>
		unreasonable. Compliance with Table 2 should be sufficient.	permissible amount of parking then it should not be necessary to justify the parking provision.  RECOMMEND: delete 'whether' and 'the maximum permissible amount, or'. Add in 'if' after 'sufficient'.
RLA	Car parking	In many cases car parking requirements cannot be catered for within the accommodation and on street car parking is not available. Tenants of this type of property less likely to have cars. If there are problems traffic regulation powers should be used instead of planning powers.	
Stewart Morris; Lorraine Barter; Highfield R A; North Southampton Community Forum; Alison & Richard Shelly; Drs Claire & Andrew King	Para 7.4	The existence or introduction of a RPZ should also be a factor here. The council should be careful that an applicant does not use the residents parking scheme permit, which allows 5 days parking every week of the year, to show they have 2 off street parking spaces.	The parking standards in the SPD should be read in conjunction with the guidance in the Parking Standards SPD. Reference is made in this document to Controlled Parking Zones.
Martin Moore	Para 7.4	Any parking standards for HMOs should not recognise available on street parking as this will bring increased pressure on established residential areas with the only beneficiary being the council through increased parking revenue.	The car parking standards accord with the general approach in the adopted Parking Standards SPD
Simon Hill	Para 7.5	The guidance on secure cycle store should be specified more accurately, with suggestion of 'a store where bicycles are put out of public sight, kept dry and securely lockable. There are examples of recent cycle stores which are not fit for purpose.	The parking standards in the SPD should be read in conjunction with the guidance in the Parking Standards SPD. The Parking Standards SPD covers the issues raised by the respondent.
North East Bassett RA	Para 7.6	Agree.	Welcome comment
Tower Gardens Neighbourhood Watch Area Residents Association	Para 7.6	More positive statement to resist replacing gardens with hard standings, with the presumption it will only be exceptionally permitted and subject to the planning process.	Since 2008 planning permission has been required for the installation of hard standings in front gardens of over 5sqm comprised of non porous materials unless surface water drains onto soft landscaping or into a

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC Response</b>
			soakaway. Planning permission is not required for installation of driveways and parking made of porous or partially permeable materials.
Highfield R A; North Southampton Community Forum; Alison & Richard Shelly; Drs Claire & Andrew King; Liberal Democrat Group; A & D Haslehurst; D & G Miller; R Goold; K & S Fox; Mr & Mrs R Gibbs	Para 7.6	The replacement of front gardens to provide parking space is a complete violation of the character and amenity of an area and should therefore require planning permission. The loss of front gardens is not sufficiently addressed, resulting in a detrimental impact on the environment, such as pollution, less vegetation to absorb CO2.	See response above.  The issue of paving over front gardens does not just apply to HMOs.
D Long	Para 7.6	Pleased to see council addressing parking issues... but concerned that people will find creative ways around any restrictions... the council should be clear about what is permissible and enforce it.	Comments noted. Consider that the HMO SPD, together with the Parking Standards SPD, is clear about the standards that will be applied.
A Woolnough	Para 7.6	Agree. However a greater priority is to prevent backland development for parking as this affects the amenity value of gardens for long term residents.	When an application for an HMO is considered the all matters arising from the impact of the proposal will be assessed in accordance with the Council's relevant development management policies and guidance.
Marcia Baker	Para 6.9.8	It should be made clear to landlords that they should not convert small back gardens to parking thus exposing tenants to overlooking from public areas and increased risk of burglary. Converting front gardens should not allow cars to sit over the pavements which are a public right of way.	
A Woolnough	Para 7.6	All parking provision should be surfaced in such as way as to minimise / slow run off.	Comments noted. See response to Tower Gardens Neighbourhood Watch Area Residents Association above.
Mr D Spencer; S Shennan & J Barker; T Jacobs; P Noyce; Mrs Z Petruv; L Murphy	General	Use of front gardens for parking should have to have planning permission.	See response to Tower Gardens Neighbourhood Watch Area Residents Association above.

Respondent	Section / Para	Comment	SCC Response
<b>8. Regularising established HMOs</b>			
East Bassett R A	Paras 8.1-8.3	Accepted.	Comments noted
Highfield R A; North Southampton Community Forum; Alison & Richard Shelly; Drs Claire & Andrew King; D & G Miller; R Goold; K & S Fox; Mr & Mrs R Gibbs	Para 8.2-8.3	Accepted. See also comments under 6.4.3	Comments noted
Liberal Democrat Group	Para 8.1	There should be a presumption against applications for Certificates of Lawful Use unless there is unequivocal evidence.	For any application for a Certificates of Lawful Use the LPA will require applicant to provide satisfactory evidence.
Quayside Architects	Paras 8.1 -8.3	Lawful use of HMO on 22 <sup>nd</sup> March 2012 does not require evidence of 10 years of continuous HMO use. These paragraphs are misleading.	Acknowledge that the advice on regularisation of use for large HMOs periods should be removed as this is a matter for the courts to decide.
Julian Jenkinson; Studentnofee property	Para 8.2	This is not fact and should be removed altogether. The lawful use of ten years for an established HMO is open to argument and an SPD should not make a statement about a subject that would be decided on an individual basis by the council solicitors. Lawful development certificates are decided by solicitors and not a question of policy they are a question of law. The SPD should not seek to provide a view of the law.	Clearer advice should also be given to property owners about proving lawful use of C4 HMOs established before 23 <sup>rd</sup> March 2012.  RECOMMEND: Revise paragraph 8.2 to read 'A certificate can be applied to regularise a large or small HMO. A small C4 HMO occupied on or before 23 <sup>rd</sup> March 2012 (when the Article 4 direction becomes effective) will be deemed the lawful use after this date. Satisfactory evidence will be required to demonstrate the lawful occupation of the HMO. If further advice is required at pre-application stage see section 9.'
Highfield R A; North Southampton Community Forum; Alison & Richard Shelly; Drs Claire &	Para 6.4.3	Concerned there may be a rush of applications for Lawful Use. Strongly recommend that without overwhelming proof, presumption is against allowing this to apply. Local residents should be immediately informed of any such application.	For any application for a Certificates of Lawful Use the LPA will require applicant to provide satisfactory evidence.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC Response</b>
Andrew King; Outer Avenue R A; D & G Miller; R Goold; K & S Fox; Mr & Mrs R Gibbs			
<b>9. Pre-application</b>			
East Bassett Residents Association	Paras 9.1-9.2	Accepted.	Comments noted
<b>10. SEA scoping</b>			
East Bassett Residents Association	Paras 10.1-10.2	Accepted.	Comments noted
<b>Appendix 1</b>			
Student Union University of Southampton (SUSU)	Appendix 1	Suggestion that the more detailed standards in the Southampton Accreditation Scheme for Student Housing (SASSH) are adopted. (A copy of the standards was enclosed). These cover for example gas safety certificates and fire risk assessments, kitchen layout, power points and insulation.	The standards included in Appendix 1 of the SPD are guidance prepared by the council's Environmental Health Housing Team not the Planning and Development department. They have been attached to the SPD to help potential applicants. For properties that do not have to be licensed then these standards are advisory although the SPD. The standards can therefore not be adopted in the SPD but reference to the SASSH standards can be included in the SPD.  RECOMMEND: Include reference to the SASSH standards in section 6.9 of the SPD.
Student Union University of Southampton (SUSU)	Appendix 1	Omissions to the standards; security, energy efficiency, dampness/condensation, carbon monoxide, external areas.	The standards included in Appendix 1 of the SPD are guidance prepared by the council's Environmental Health Housing Team not the Planning and development department. They have been attached to the SPD to help potential applicants.
Martin Moore	Appendix 1	Tables are not very user friendly. Worked examples for different HMOs of 3-5 people i.e. small three bedroom semi-detached house in Swaythling,	See response above.

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC Response</b>
		terraced Victorian house in the Polygon and four bedroom detached property should be included.	
Martin Moore	Appendix 1	Note that the university is proposing rooms of 14 sq m (including 4 sqm of bathroom space) with separate communal space in Chamberlain Halls. This suggests that a minimal room size for a single person of 10 sqm (HMO for 3-5 persons) should only be permitted if the shared accommodation includes a communal living room as well as shared kitchen and bathroom facilities.	See response above
<b>Other comments</b>			
West End Parish Council	General	There are many empty & under-occupied properties that should be brought into better use rather than building on greenfield sites. The City Council should set up a fund and acquire these properties for HMO occupation.	This is outside the scope of the SPD. The Council has a programme that aims to bring empty properties back into use.
Highways Agency	General	No comments, though SCC expected to promote strategies, policies and land allocations which will support alternative to the car.	Comments noted. The parking standards in the HMO SPD should be read in conjunction with the guidance in the Parking Standards SPD. The Parking Standards SPD supports local and national policies which encourages alternative car use. The 20% HMO threshold proposed for the central wards recognises that the demand for HMOs tends to be highest in this part of the city due to good transport links and access to employment and facilities.
C Bagust	General	Council needs to retain good will of landlords to achieve the successful implementation of its housing policies.	Comments noted. There has been a Councillor led HMO Working Group to discuss the preparation of the SPD, which representatives from landlords associations have attended.
Concept Design & Planning	General	Expect the council to compensate property owners should rentals fall on existing stock due to the SPD or should prices decline over the average. Suggests a case where number of people housed falls from 5 to 3 with consequent lower rent receipts.	The new guidance is not retrospective and rental levels for the large HMO market in the city will continue to be determined largely by levels of demand for the existing stock. In a C4 HMO landlords can choose the numbers of

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC Response</b>
			tenants from 3 to 6 without needing planning permission so the SPD guidance will not be relevant in the example the respondent refers.
M Clark	General	25 to 35 year olds living in social housing are not subject to reduced LHA unlike private tenants. There should be equal treatment.	The change in government legislation is outside the control of the SPD.
Quayside Architects	General	Council not conducted a cost benefit analysis for the policy. Costs to council tax payers & applicants likely to be significant & not balanced by equivalent benefits. As there will be no application fee SCC will fund administration of applications.	In the report to Cabinet on the Article 4 direction the financial implications of bringing in the direction were highlighted.
C Bagust	Enforcement	Council will spend a lot of money pursuing enforcement actions against landlords &/or tenants which could be better spent on other services.	Comments noted.
C Bagust	Enforcement	If council unable to enforce this policy then unscrupulous landlords will flout the regulations. This will lead to a decline in management standards in private rented housing stock.	Comments noted. The Council is intending to employ an additional Planning Enforcement Officer to improve resources available to investigate HMOs complaints raised by members of the public.
D Long	Enforcement	The Council must be timely and rigorous in applying the new regulations... some properties are converted without permission but too late to reverse the damage... this new measure will only be effective if adequately enforced.	
L Murphy	Enforcement	Concerned about how new HMO's will be stopped. Renovations and extensions need to be monitored - neighbours need to have a clear role in alerting the council... a guide for local residents would be useful.	
M Clark	Article 4 direction	Council voted unanimously for A4 direction. Is SCC going to provide the extra housing?	Comments noted. The consultation on the implementation of the Article 4 is separate to the SPD.
North East Bassett R A; A Duke; D Long; L Murphy	Article 4 direction	Support the Article 4 direction.	Comments noted.
Southern Landlords Association, South	Article 4 direction	The Rugg report found that there is a general willingness to use criminal sanction to contain anti	Comments noted. The council has set up a virtual HMO team consisting of all services that are involved with

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC Response</b>
Hampshire Branch		social behaviour when it is connected with deprivation and social exclusion on social housing estates, however, is not used on student behaviour. The Article 4 directive will not ensure that the life of the affected residents will improve if the Council and Police fail to perform as they have done to date. Landlords in the private residential sector are expected to keep their tenants under control without sanctions or powers that SCC or the Police have.	regulating HMOs. The team is working to improve the flow of information between teams to ensure a joined-up, cohesive approach to tackling resident and community concerns. This will also help to ensure a more targeted approach, in particular to environmental issues. The initial work programme includes developing a corporate HMO protocol, which will clearly set out legal powers and accountabilities; developing a shared HMO database; and cascading information to officers working in all teams so that they are aware of the support available to robustly tackle issues. It is planned to widen the virtual team to include external agencies, such as the Universities and the Fire and Rescue Service.
Southern Landlords Association, South Hampshire Branch	Article 4 direction	Will lead to a shortage of housing for students and needy and vulnerable leading to an increase in rental levels of HMOs.	The intention of the SPD is to disperse the impact of HMOs across the city. Therefore, the supply of HMOs in the rest of the city, outside the northern wards should, over time, increase. Rents will primarily be determined by levels of demand for the existing very large stock of HMOs, which is likely to continue to grow citywide.
Southern Landlords Association, South Hampshire Branch	Article 4 direction	Concerned that the elected members have not considered any of the issues raised in the landlord's representation prior to voting the adoption of the citywide Article 4.	Comments noted. The consultation on the implementation of the Article 4 is separate to the SPD.
Residential Landlords Association	Extent of HMO control	Concern about the extent of the area to which the planning restrictions apply. Mentions applied to the Secretary of State to revoke the Article 4 Direction	The Council decided to bring in an Article 4 direction for the whole city as HMOs are distributed throughout the city and arise in response to a range of housing need in the city. They can cause localised amenity issues wherever they arise. Restricting the controls to certain areas would mean that concentrations may simply move into different areas of the City and the issues associated with concentrations of HMOs would not be resolved. Dispersing HMOs across a wider area

<b>Respondent</b>	<b>Section / Para</b>	<b>Comment</b>	<b>SCC Response</b>
Barbara Sheppard; L Murphy	Council Tax	Unclear why student tenanted HMOs are exempt from council tax - if landlords are running them as a business surely they should be valued for business rates.	reduces their impact. Council Tax regulations are set under government legislation and, therefore, outside the planning system and the control of the SCC.
Nadine and Peter Johnson	Council Tax	With reference to the SCC Planning Register; students are rightly exempt from paying council tax but landlords should be liable as this is a current indirect subsidy to landlords just because they sublet to students. We strongly urge a mechanism be put in place to invoice landlords for council tax payable on properties sublet to students which could affect a possible 10,000 HMO houses.	
<b>SEA Screening Report</b>			
Southern Landlords Association, South Hampshire Branch		<p>Para 2.4 is pure conjecture and has no basis in fact or experience, as the Core Strategy (CS) is silent on C3 or C4 uses. Therefore, the SEA for the CS is only relevant to sui generis HMOs. The impacts will further distort the supply of shared accommodation available to the growing number of low paid immigrant workers and students to whom Southampton is the destination of choice and HMOs are the only accommodation available.</p> <p>Para 5.1 is pure conjecture and has no basis in fact. What is absolute fact is that in the initial inspectors report the only party who claimed there is a problem was the anti-HMO lobby.</p> <p>Para 2.f.iii contradicts the government's aims under the 1988 Housing Act to free up availability of short term rental accommodation under the 'Assured Shorthold Tenancy'.</p>	<p>The SEA deals with the environmental impacts of policies. There have been no comments on the SEA screening report from the Environment Agency, English Heritage or Natural England.</p> <p>An Integrated Impact Assessment has been prepared for the SPD.</p>



<b>No.</b>	<b>Respondents</b>	<b>Organisation</b>
1	A J Rest, Professor	West End Parish Council
2	Shaw Green	
3	Keith Haughton	
4	Debbie Cooper	Highways Agency
5	Roy Johnson	Warren Close Residents Association
6	Stewart Morris	
6	Stewart Morris	
7	John Paisey	
7	John Paisey	
8	Lorraine Barter	
8	Lorraine Barter	
9	Kristine Salomon-Olsen	
10	Iain Smith	Watkin Jones Group
11	Peter Wirgman	Southampton Federation of Residents Associations
12	Steve and Elaine Jones	
13	James Ives	
14	Jean Waman	East Bassett Residents Association
15	Elizabeth Gates	Thornbury Avenue and District Residents Association
16	Jerry Gillen	Highfield Residents Association
17	David Thompson	Vega Flats
18	Julian Jenkinson	
19	Erica Fogg	Studentnofee
20	Jerry Gillen	North Southampton Community Forum
21	Barry Smith	North East Bassett Residents Association
22	Barbara Sheppard	
23	Barbro Fitzjohn	
24	Dr Allison and Richard Shelly	
25	Hayden Ebert	Tenant Direct
26	Dr Richard Buckle	
27	Alan Pritchard	
28	Stephen Connolly	
29	Michael Tucker	
30	Chris and Erwen Driver	
31	Colin and Marjorie Littler	
32	Mrs Annette Treagus	
33	Mrs J Pritchard	
34	Ray George	Herbert Collins Estates Residents Association
35	Mr and Mrs Foster	
36	Mrs Arnold	
37	Ray Gooold	
38	Dennis Stevenson	
39	John and Lesley Howard	
40	John Pidgeon	
41	Glen Sahota	Homelife Lettings
42	Claire King	
43	James Colvin	
44	David Wigley	
45	Zena Wigley	
46	B.I. & S.A.Smith	
47	Mr and Mrs Franklin	
48	Dr & Mrs A Kumar	
49	Mrs Pamela Jennings	

50	Neil and Pauline Hemingway	
51	Mr Alan Jennings	
52	Mr A.M. and D Haslehurst	
53	Alastair Duke	
54	Tom O'Connor	
55	Joy and John Oates	
56	Martin Moore	Acting Chair East Bassett Residents Association
57	Mrs Lucienne Dingley	
58	Nadine and Peter Johnson	
59	Keith Dennis	
60	Megan Cottell	
61	Jane Jameson	
62	Gordon Gillies, Chairman	Outer Avenue Residents' Association
63	Rosalind Rutt, Trustee	Trustees of Portswood Residents' Gardens
64	Zdenka Petruv	
65	Mr and Mrs Zepher	
66	Frankie Fry, Vice President Welfare and Communities	University of Southampton Students' Union (SUSU)
67	Gordon Gillies	
68	Richard Clarke, Director	T Clark & Son Limited
69	Paula Noyce	
70	Susan Swallow	
71	Lynn Murphy	
72	D Eccles	
73	Brenda Bredden	
74	Clfr Vinson	Liberal Democrat Group
75	Philip and Barbara Matcham	
76	Professor Brian Cotton	Tower Gardens Neighbourhood Watch Area Residents Association
77	Max Holmes	Concept Design and Planning
78	Laura Bourke	Environment Agency
79	Maggie O'Connor and Mike Bell	
80	Denise and Gary Miller	
81	Fred Knight	Southern Landlords Association
82	Caroline Nokes MP	Conservative Party, Romsey and Southampton North
83	Denise Long	
84	Rose Lindsey	Committee Member, Southern Landlords Association
85	Malcolm Clark	Quayside Architects
86	Neil Holmes	Residential Landlords Association
87	Mr. R. O. Jones	
88	Simon Hill	
89	Theresa Jacobs	
90	David and Margaret Heathfield	
91	Keith and Sheila Fox	
92	Chris Brown	
93	Susan Shennan and John Barker	
94	Dean Spencer	
95	Ann Woolhough	
96	Peter Clarke	
97	Colin Bagust	
98	Neil Buchanan	

99	Steve Dorrey	
100	Cllr Vincenzo Capozzoli	Conservative Party
101	Harjap Singh	AAJ's Accommodation Houses and Flats
102	Mr and Mrs Gibbs	
103	Josephine Dahle	
104	Jill Starks	Bitterne Grove Residents Association
105	Roger Bell, Chairman	Southern Landlords Association, South Hampshire Branch
106	Bridget Cook, Assistant Parish Clerk	Hound Parish Council
107 Late	Dr Margaret Chiari	
108 Late	Fiona Barnes	
109 Late	Elizabeth Haslam and Harald Raykowski	
110 Late	Mary Woodgate-Jones and Harry Bryden	
111 Late	Chris Hawthorn	
112 Late	Professor John Marshall	
113 Late	Mary Hockey	
114	Marcia Baker	
115 Late	Alan Whitehead MP	