The Planning Inspectorate

Appeal Decision

Site visit made on 24 February 2020

by O S Woodwards BA(Hons.) MA MRTPI

an Inspector appointed by the Secretary of State

Decision date: 15 April 2020

Appeal Ref: APP/K0425/W/19/3242458
5 Hughenden Road, High Wycombe HP13 5HS

- The appeal is made under section 78 of the Town and Country Planning Act 1990 against a refusal to grant planning permission.
- The appeal is made by Mr E Tunc against the decision of Wycombe District Council.
- The application Ref 19/06429/FUL, dated 11 June 2019, was refused by notice dated 14 August 2019.
- The development proposed is the change of use of a bathroom to a 14th letting room, with associated provision of a rooflight and removal of two existing windows.

Decision

1. The appeal is dismissed.

Preliminary Matters

2. Since the application was determined, the Council has adopted the Wycombe District Local Plan 2019 (LP). This replaces the previous Wycombe District Local Plan (2011) and Core Strategy (2008). The policies cited in the Council's refusal notice from those documents no longer apply. I have assessed this appeal against the relevant policies in the new LP.

3. Although not specified in the appellant's description of development, the submitted drawings also indicate the insertion of a new rooflight to Bedroom 14 and the removal of windows on the 'RHS Elevation' and 'Rear Elevation', which serve Bedroom 13 and Bedroom 14 respectively. I have therefore altered the description of development to reflect this.

4. The application was made retrospectively. I saw on site that what has been built is different to what has been applied for retrospectively. I have based my decision on the drawings and information provided with the appeal, not what has been built on site.

Main Issue

5. The main issue is whether the proposal would provide suitable living conditions for the occupiers of Bedroom 14 of the House in Multiple Occupation (HMO), and for the other occupiers in the HMO, with particular regard to the size and layout of the bedroom, outlook, and the provision of communal facilities.

Reasons

6. The site is a 3-storey property that has previously been converted into an HMO, following planning permission Ref 16/07076/FUL. This provided for a 13-bedroom HMO with two communal kitchen/dining areas and an en-suite to

every bedroom apart from Bedroom 13 which had a separate bathroom. It is this bathroom which is to be converted into a 1-person bedroom (Bedroom 14), and then en-suites provided to both Bedroom 13 and the new Bedroom 14. The property would then provide a 14-bedroom HMO.

Size and layout

7. Policy DM23 of the LP does not specify minimum bedroom sizes for HMO accommodation. However, the Council also have a 'Standards for Houses in Multiple Occupation (2018)' document. This is not a planning document, but it does provide useful information on the standards required by the Council for HMO accommodation. It states at Paragraph 3.2 that the recommended minimum size of a 1-person bedroom without kitchen facilities should be 8 sq m, and that the statutory minimum size is 6.5 sq m. These are both to be measured where the floor-to-ceiling height is above 1.5m.

8. Bedroom 14 is 7.4 sq m in total floor area. However, part of the room would be under a sloped ceiling and the floor area of the room above a floor-to-ceiling height of 1.5m would be less than the total area. I have not been provided with proof through a measured drawing of the floor area above 1.5 sq m, but the Council have calculated this area as 6.8 sq m, which is not challenged by the appellant. The bedroom would therefore likely meet the statutory minimum size of 6.5 sq m. However, it would not meet the recommended size of 8 sq m. Further, and importantly, the layout of the room would be significantly compromised by the sloped roof along the longest wall of the room, in what would otherwise be the most logical location for storage. The room is narrow in any case, and the roof slope would exacerbate this and also compromise the potential locations for a bed.

Outlook

9. Bedroom 14's only fenestration would be a rooflight. This would be relatively small but nevertheless would likely provide a reasonable level of light and ventilation. However, it would be located mid-way up the roof slope in an awkward location, which in combination with the narrowness and overall small size of the bedroom limiting the locations from where an occupant could stand up and look out of the window, would significantly restrict views out of the bedroom. The bedroom would therefore afford a poor outlook for occupiers.

Communal facilities

10. The Policy DM23 of the LP states that the Council require an acceptable number and arrangement of communal facilities within HMOs. The reasoned justification for the policy sets this provision at a ratio of 1 common room per 3 bedrooms (rounded to nearest), although it is also made clear that a qualitative assessment should be undertaken to ensure a minimum quality of accommodation and that occupation density does not become excessive.

11. The Council acknowledge that the kitchen/dining rooms in the HMO are large enough to count as the equivalent of two rooms each, therefore equating to 4 common rooms. This fails to meet the policy requirement of 5 common rooms, ie 14 divided by 3 rounded up. Before the works were undertaken, the HMO's common room provision met the policy requirement of 4 common rooms, ie 13 divided by 3 rounded down. The creation of Bedroom 14 would increase pressure on use of the common rooms and the HMO would no longer meet the

minimum policy standard, highlighting that the occupation density of the HMO would become excessive. This also demonstrates that the communal facilities in the HMO would not mitigate for the poor quality of accommodation of Bedroom 14 itself.

12. In support of the appeal, the appellant has highlighted that each bedroom would have its own en-suite bathroom. However, the reasoned justification to Policy DM23 is clear that bathrooms are not taken into consideration when calculating the requirement for communal facilities. Therefore, the provision of en-suite bathrooms cannot offset the deficiency with regards to common rooms.

Other Matters

13. The HMO has been licensed with the 14th bedroom, dated 19 November 2018. This indicates that the property is reasonably suitable with regard to licensing requirements. However, the License has been granted under separate legislation, and it does not confirm that planning permission will or should be forthcoming.

14. The appellant has highlighted that the property is close to a number of areas of public open space. However, this does not mitigate the unacceptable internal living conditions that would be created by the proposal.

Planning Balance and Conclusion

15. In favour of the works is that an additional unit of accommodation has been provided. The provision of low-cost housing plays an important role in providing accommodation for people on low incomes. However, through a combination of the compromised layout, poor outlook, and inadequate provision of communal facilities, the bedroom would provide unsuitable living conditions for future occupiers. In addition, the increased pressure caused on the existing communal facilities would harm the living conditions of the other occupiers in the HMO. These factors clearly outweigh the limited benefits.

16. The proposal would therefore fail to comply with the relevant parts of Policy DM23 of the LP, which, amongst other things, requires an acceptable number and arrangement of communal facilities, high quality design, and an appropriate scale and intensity of use of HMOs. It also fails to comply with Paragraphs 117 and 127 of the National Planning Policy Framework, which seek, amongst other things, healthy living conditions and a high standard of amenity for existing and future users.

17. For the reasons set out above, the appeal should be dismissed.

O S Woodwards

INSPECTOR