The Planning Inspectorate

# Appeal Decision

Site Visit made on 7 June 2021


**by M Bale BA (Hons) MA MRTPI**

**an Inspector appointed by the Secretary of State**



**Decision date: 15 June 2021**


**Appeal Ref: APP/D1780/W/21/3270273**
**9 Fitzhugh Place, Southampton SO15 2JG**

- 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 Naresh Kumar against the decision of Southampton City Council.
- The application Ref 20/01428/FUL, dated 8 October 2020, was refused by notice dated 22 December 2020.
- The development proposed is change of use from C3 dwelling to C4 HMO.

## Decision

1. The appeal is dismissed.

## Main Issue

2. The main issue is the effect of an increase in the number of Houses in Multiple Occupation (HMOs) in the area on the character of the area and the living conditions of local residents.

## Reasons

The policies of the development plan seek to provide a mix of housing. There is a need for family housing and other types of housing, including HMOs. However, policies H4 of the City of Southampton Local Plan Review 2015 (LP) and CS16 of the City of Southampton Core Strategy Partial Review 2015 (CS) seek, in part, to control HMOs so as to ensure that proposals for new ones would not be detrimental to the overall character and amenity of the surrounding area.

3. The Houses in Multiple Occupation Supplementary Planning Document (SPD) provides additional context as to potential impacts that could arise from a concentration of HMOs. It includes a policy that permission will not be granted where the proportion of HMOs would exceed 10% of the residential properties within a 40m radius. The evidence indicates that 57% of properties within 40m of the appeal site are HMOs. Although more than half, and significantly past the 10% threshold, this does not, in itself indicate that the character of the area is one of HMOs. Indeed, there remains a significant proportion of individual dwellinghouses too.

4. The SPD also outlines circumstances where an area may already be so saturated with HMOs that an additional one would have no discernible effect. Another policy, where more than 80% of dwellings are HMOs, sets out the approach to be followed. There could be circumstances where the 80% threshold is already breached so, although strict operation of the 10% policy would prevent new saturated areas forming, the 80% policy is not in itself

meaningless. There is a wide gap between the two thresholds, but there is no substantive evidence that they are inappropriate for the purposes of achieving the aims of Policies CS16 and H4. I, therefore, attach the SPD considerable weight.

5. The SPD applies across the Council's area and individual, local circumstances must be considered. I understand that the wider area contains a large number of HMOs. It is said to be popular with students and I am told that the Office of National Statistics classifies it as 'Cosmopolitans, students around campus, student living'. The large number of 'To Let' boards and proliferation of refuse bins to the front of many of the properties in the surrounding streets are testament to the intensity of occupation and churn of residents.

6. Nevertheless, Fitzhugh Place is a small cul-de-sac set slightly apart from the main through roads. While some of the dwellings are occupied as HMOs, there remains other conventionally occupied dwelling houses. The appellant gives the level of HMOs with in Fitzhugh Place as 4 of 8 residential units, including the adjoining neighbour. While this level would be clearly noticable to the occupiers of the individual dwellinghouses, this cannot be said to be a level so great that the character has already changed to one predominantly of HMOs.

7. I understand that, in its current configuration, rooms at the site let quickly and the property is currently contributing to meeting a need for HMO accommodation, which is supported in principle by the development plan. This may indicate the popularity of the property and area for such uses, but there is no substantive evidence as to the extent of any overall need, or that it cannot be met elsewhere. Therefore, this is only of limited weight in my decision.

8. The appellant has explained how, when the property was recently on the market, which included two auctions, there was no interest in prospective purchasers for use as a single dwellinghouse. However, there is no detailed evidence of that marketing campaign, such as the extent of advertisement, value expectations, condition of the property and the like, or any record of interest. The appellants evidence further suggests that it could not initially be sold as an HMO either. As such, while it may run contrary to some principles of sustainability to leave a dwelling empty or provide housing that was not wanted, I cannot be certain that a concerted effort has been made to occupy this property as a single dwellinghouse.

9. The property could return to a single dwellinghouse in the future if required and may well have been used as an HMO in the past with the appellant believing that to be the established use. However, these matters have little bearing on my consideration of the appeal, which is based upon the situation and policy considerations now. While there appears to be no record of complaints from the HMO use at this site, LP Policy H4 seeks to safeguard against effects on the overall character and amenity of the area as well as the specific living conditions of directly adjoining occupiers.

10. As a single dwellinghouse, the site could be occupied by a large family which could also create disturbance, although family size would be limited to some degree by the size of the property. However, there is no substantive evidence that such would result in similar behaviour patterns to the unrelated occupiers of an HMO. I, therefore, attribute limited weight to this possibility.

## Planning balance and conclusion

11. There would be conflict with the SPD policy concerning the concentration of HMOs in the area around the site. The appellant has acknowledged that concentrations of HMOs can change the character of an area and lead to conflicts within local communities and I have attributed the SPD considerable weight. With regard to the above, I find that the proposal would further imbalance the housing stock in the area and, moreover, would have a discernible effect on the character of Fitzhugh Place and the living conditions of the residents of its remaining individual dwellinghouses. It would, therefore conflict with LP Policy H4 and CS Policy CS16. While the importance of HMOs is recognised by the SPD and development plan, the conflict with those policies specifically relating to HMOs are central to this decision. There would, therefore, be a conflict with the development plan considered as a whole.

12. Against this, there are benefits associated with the provision of more HMO accommodation. This is in the context of National Planning Policy Framework aims that include meeting the housing needs of all groups of society. However, for the reason give above, I have only given the contribution to needs limited weight. As I cannot be certain that the property would remain empty if not used as an HMO, that is also of limited weight. I, therefore, find that material considerations do not indicate that the proposal should be determined otherwise than in accordance with the development plan.

13. Accordingly, I conclude that the appeal should be dismissed.

*M Bale*

INSPECTOR