The Planning Inspectorate

Appeal Decision

Site Visit made on 2 August 2021

by Mr James Blackwell LLB (Hons)

an Inspector appointed by the Secretary of State

Decision date: 12th August 2021

Appeal Ref: APP/D1780/W/21/3270190
14 Tennyson Road, Southampton, SO17 2GW

- 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 Sher Singh against the decision of Southampton City Council.
- The application Ref 20/01524/FUL, dated 29 October 2020, was refused by notice dated 25 January 2021.
- The development proposed is a change of use to HMO.

Decision

1. The appeal is dismissed.

Preliminary Matters

2. Since determination of the planning application, the 2019 iteration of the National Planning Policy Framework (Framework) has been superseded by the July 2021 version. Both parties have had the opportunity to comment on the changes. I have therefore determined this appeal with regard to the current version.

3. The appellant has advised that the appeal site is already occupied as an HMO, so references to the development relate to a change of use which has already been carried out.

4. The application plans demarcate 6 bedrooms within the appeal property. On the basis that no living room is shown on the plans, the Council determined the application on the assumption that the House in Multiple Occupation (HMO) would have 5 bedrooms, as one of the 6 bedrooms would be needed as a living room. Whilst the appellant has indicated that the property is only occupied by 3 tenants (and will continue to be occupied at the same rate going forward), as shown on the plans, its maximum occupancy would be greater. I have therefore determined the appeal on the basis that the HMO could accommodate up to 5 persons.

Main Issues

5. The main issue is the effect of the proposal on the mix and balance of households in the local community with specific regard to the character and appearance of the area and the living conditions of neighbouring occupiers.

Reasons

6. The appeal site is a mid-terrace residential dwelling within an area typified by terraced properties. The area appears to comprise a mixture of conventional single occupancy dwellings and HMOs.

7. Due to the concentration of HMOs in certain pockets of the city, the Council's HMO SPD[1] (SPD) was introduced to help regulate HMO development, in an effort to ensure an appropriate mix and balance of households is retained across the city. Its evidence base demonstrated that a large concentration of HMOs in one area can fundamentally change the character of a residential area, leading to conflict within the community. Given the degree of examination, public scrutiny and level of consultation carried out prior to adoption of the SPD, I attribute it considerable weight in the determination of this appeal.

8. The SPD establishes a threshold test that should be adopted when assessing proposals for HMO development. Subject to exceptional circumstances, the test says planning permission for a new HMO should not be granted if approval would result in the proportion of HMOs exceeding 10% of the total number of residential properties within a 40 meter radius of the application site. Any higher percentage risks imbalance to the local housing mix, which could harm the character and amenity of the area. Exceptional circumstances may apply where the proportion of HMOs is greater than 80%, as the addition of a further HMO wouldn't necessarily alter the predominant character of an area in such circumstances.

9. In this instance, the Council has said that the concentration of existing HMOs in the vicinity of the appeal site equates to 54%, which the appellant does not dispute. If the proposal were approved, this proportion would increase to 57%. As per the SPD, these figures demonstrate that the concentration of HMOs within the area is already too high, with HMOs now accounting for more than half of the total number of properties within a 40-meter radius of the appeal property. Any additional HMOs would therefore only exacerbate the existing imbalance between house types in the locality. Given no exceptional circumstances are applicable in this instance, the SPD is clear that planning permission should be refused.

10. In terms of tangible impacts, due to the transient nature of HMO occupiers who generally live independently from one another, the SPD highlights that a higher concentration of HMOs can lead to greater levels of noise and disturbance due to more comings and goings at the property. This can be harmful to the living conditions of neighbouring occupiers. In terms of physical effects on local character, a high concentration of HMOs can typically lead to a proliferation of "to let" signs and greater levels of on-street refuse storage, to the detriment of the street scene.

11. Such impacts were readily apparent on my site visit. I observed numerous comings and goings to and from neighbouring properties in the short time I was there, which is indicative of the higher intensity of use of HMO properties when compared to single occupancy dwellings. Refuse was abundant, with many terraced properties having up to 4 separate bins, creating substantial street clutter. There were also numerous "to let" signs, which again contributed to the visual clutter along the road. Taken together, I consider that these factors harm the overarching character of the area as well as the living conditions of neighbouring occupiers.

12. Irrespective of the threshold test, the SPD also says planning permission for an HMO should be refused, if approval would lead to a residential (non-HMO) property being "sandwiched" between two HMOs. "Sandwiching" is defined in

[1] Houses in Multiple Occupation Supplementary Planning Document, Adopted May 2016

the SPD as "*circumstances where there are adjoining HMOs directly on both sides of an existing dwelling*". The rationale being that the character and amenity issues which can arise from HMO properties (as highlighted above) can be felt more acutely by the occupiers of a dwelling which is sandwiched between two HMOs. In its reason for refusal, the Council has indicated that the development in this instance does lead to a sandwiching effect. Whilst the Council has not specified which property would be affected in such a way, the appellant has not disputed the point, so I have no reason to doubt the validity of this assertion. In such circumstances, the SPD is again clear that planning permission should be refused.

13. For these reasons, the development further imbalances the mix of housing in the area, which in turn harms both the character of the area and the living conditions of neighbouring occupiers. The development conflicts with Policies SDP1(i) and H4(ii) of the City of Southampton Local Plan Review (Amended March 2015), which are clear that HMOs will not be approved if they would harm the overall character and amenity of the surrounding area. The development would conflict with Policy CS16 of the Local Development Framework Core Strategy Development Plan Document (Amended March 2015), which says the mix of housing types will be provided with appropriate control over HMO properties. The development would also conflict with the aims of the SPD, which I have set out above. Finally, the development would conflict with the overarching character and amenity objectives of the Framework (2021).

Other Matters

14. Whilst the principle of residential development is acceptable on the appeal site, HMOs need to be assessed differently to a single occupancy residential use due to the way in which they are used and the associated effect on their surroundings.

15. On the basis that the appeal property is currently occupied by 3 persons only, the appellant contends that this rate of occupancy has less impact than a 4-person family dwelling. Notwithstanding the potential for higher occupancy, I consider that even with 3 tenants, the HMO would still have a greater degree of impact than a family dwelling for the reasons highlighted above. The appellant's suggestion of a condition to limit the occupancy would therefore not overcome the harm identified.

Conclusion

16. For the reasons given above, and having considered the development plan as a whole, the approach in the Framework and all relevant material considerations, the appeal should be dismissed.

James Blackwell

INSPECTOR