Planning Inspectorate

Appeal Decision

Site visit made on 4 November 2025

by K Savage BA(Hons) MPlan MRTPI

an Inspector appointed by the Secretary of State

Decision date: 05 January 2026

Appeal Ref: APP/W2465/W/25/3364131
50 Hawthorne Street, Leicester LE3 9FQ

- The appeal is made under section 78 of the Town and Country Planning Act 1990 (as amended) against a refusal to grant planning permission.
- The appeal is made by Mr R Khanna against the decision of Leicester City Council.
- The application reference is 20241752.
- The development proposed is described as 'the continued use of the property as a Use Class C4 House in Multiple Occupation.'

Decision

1. The appeal is dismissed.

Preliminary Matter

2. The application form indicates the change of use has already occurred. The property appeared in use as a house in multiple occupation (HMO) at the time of my visit and I have duly assessed the appeal as being retrospective in nature.

Main Issues

3. The main issues are i) the effect of the development on the housing mix and character of the area and ii) whether the property provides a suitable standard of accommodation for residents.

Reasons

Housing Mix and Character

4. CS Policy 6 of the Core Strategy (July 2014) (the CS) sets out the Council's housing strategy and, among other things, states that careful consideration will be given to conversions to ensure there is no adverse impact on the character of the area or the maintenance of mixed communities. CS Policy 8 further sets out that in the Inner Areas of the city new HMOs will not be permitted where they would result in a local overconcentration. 'Overconcentration' is not defined in the aforementioned policies or their supporting text.

5. The Council points to the introduction of an Article 4 Direction in 2022 removing the permitted development right for the change the use of a dwellinghouse (Class C3) to a small HMO (Class C4) as evidence of an existing overconcentration of HMOs in the area. I am provided with a background report evidencing the need for the Article 4 Direction. This indicates that the Fosse ward (in which I understand the site is located) has an HMO concentration of some 12.89%. This is among the higher figures provided, with two wards recording higher percentages but others generally much lower at between 2% and 7%. Hawthorne Street is indicated to be in an area of between 10-15% HMO concentration.

6. The Article 4 report sets out issues with HMOs including noise and disturbance, impact on social cohesion, increases in transient accommodation, reduced mix of available housing and poor waste management. The report further identifies overlap between areas of higher HMO concentration and increased incidences of noise complaints and fly-tipping. The report ultimately identified areas with over 10% HMO concentration as appropriate in determining the geographic area to be covered by the Article 4 Direction.

7. I do not have site-specific evidence of harms arising within Hawthorne Street itself as a direct result of existing HMOs. However, the background evidence supporting the Article 4 Direction shows this area to be at the higher end of HMO concentration and complaints over fly-tipping and noise. This is an indicator that it is an area already overconcentrated or among the most likely to become overconcentrated with HMOs. In this context, the addition of a further HMO increases the risk of the identified harmful impacts occurring, in particular generating more transient occupants and reduced contribution to the community that would undermine social cohesion and the established residential character.

8. The change of use also results in the loss of a smaller single family dwelling, a need for which is identified by the 2017 HEDNA report and the Local Housing Needs Assessment 2022. I am not provided with specific data as to the number of homes required, or trends in the area for different housing tenures, but given the generally identified need for smaller dwellings, the loss of the property to an HMO would limit choice locally, contrary to the approach of CS Policy 8.

9. For these reasons, I conclude that the change of use exacerbates an overconcentration of HMOs locally and adversely affects the housing mix and character of the area, contrary to the stated aims of CS Policies 6 and 8.

Standard of Accommodation

10. The property is indicated to have been a two or three bedroom dwellinghouse prior to the change of use to an HMO. Two ground floor rooms, most likely a living and dining room previously, have been converted into bedrooms. A kitchen is located to the rear of the ground floor with a bathroom beyond. Three further bedrooms are located at first floor level.

11. The Council does not point to any adopted standards for HMO properties, but refers to the Technical Housing Standards – Nationally Described Space Standard (March 2015) (the NDSS). These standards are applicable only where there is a relevant local plan policy which refers to them, which is not the case here. Nonetheless, as the latest national guidance on space standards it is a useful reference point in considering whether accommodation is suitable in size.

12. Additionally, the nature of HMOs is that occupants live more independently than in a shared house or family home. This entails keeping most belongings within the bedroom, and using it as a space not only to sleep, but to study, work, relax and often to eat meals. Hence, the overall quality of that space, beyond its basic size, is also an important consideration.

13. In this case, each of the five bedrooms is intended for single occupancy, but only two would exceed the NDSS standard for a single bedroom of 7.5sqm. In particular, I saw Bedroom E on the first floor to be so narrow that the bed spanned the width of the room and had to be walked over to move around the space.

14. Furthermore, the sole windows to Bedrooms B and D open onto a small external area enclosed on two sides by deep closet wings that limit the quality of sunlight and daylight received. The outlook from Bedroom B is also limited, and its proximity to the communal external space at the rear increases the likelihood of occupants having to regularly close blinds or curtains to ensure privacy, which would further limit sunlight and daylight. Bedroom A to the front ground floor would also be affected in this way due to the window facing directly onto the public realm.

15. The shortcomings in the space and quality of the bedrooms increases the importance of communal space being fit for purpose. However, in this case, the only communal space is a galley kitchen of just 6.8sqm which has no room for dining. Whilst I accept the more independent living patterns of HMO occupants means it is unlikely that all residents would require the space at the same time, its cramped size and layout would inconvenience even a couple of residents looking to cook or eat at the same time. There is no other communal area, such as a lounge, that would afford occupants some recreational space, whilst the location of the bathroom results in an awkward arrangement with occupants having to pass through the kitchen to use it, resulting in a lack of privacy and comfort.

16. I accept that the room sizes in the property have not been altered, but there is a clear difference between a single family using the whole building and an HMO use, not least that the former is likely to retain the ground floor as communal living space, and such space would be used by the family together, not split between individuals. Moreover, this space would mean family occupants would not be required to spend as much time in the bedrooms. Therefore, any shortcomings in terms of light or outlook would not be as harmful to their living conditions.

17. Overall, both bedroom and communal spaces are severely lacking in size and quality. Consequently, the HMO layout provides sub-standard accommodation that undermines the living conditions of existing occupants and would do so for future occupants. This conflicts with Saved Policy PS10 of the City of Leicester Local Plan (January 2006) which requires, among other things, developments to take into account the amenity of existing or proposed residents.

Other Matter

18. I recognise that HMOs have a role in the overall housing supply and can add to the choice of lower cost accommodation in demand by single person households, students and those seeking more temporary arrangements. However, I am not provided with any substantive evidence of need in this respect, which limits the positive weight attaching to this. Moreover, this weight is further limited by the shortcomings in the quality of accommodation offered by the appeal property. Therefore, this is not a consideration which outweighs my findings above.

Conclusion

19. For these reasons, and having regard to all other matters raised, the appeal scheme does not accord with the development plan, taken as a whole, and there are no material planning considerations which indicate that permission should be forthcoming in spite of this conflict. Therefore, the appeal should be dismissed.

K Savage

INSPECTOR