

The Secretary Highfield Residents Association Mrs Barbara Claridge

17 Highcrown Street SO17 1QE

20/01514/ELDC

Further to the objection to the Planning Application raised by Mr J Gillen, HRA would like to make further comments following recent information gathering.

It is not apparent on the Application Form that the landlord also applied for an HMO Licence in March 2020 for the property. This has not yet been processed by SCC HMO Dept, however, the previous licence expired in June 2018. There is an anomaly here, in that this LDC Planning Application states that the property has been used as an HMO prior to March 2012 (exempting the property for planning approval for change of use) but this fact might not have been declared on the HMO Licence Application where the continuous use as an HMO could be traced.

In email correspondence to me, SCC HMO Dept states, "We do not make any effort to establish if the use as a C4 property has been continuous when we are issuing a licence. ... we will licence the property regardless"

As this Planning Application does not come with any supporting evidence, only a self-declaration that any change of use commenced prior to 23 March 2012, HRA asks that the Planning Department investigates the property's continuous use and checks this against licence dates before issuing a Lawful Development Certificate, since enforcement in this instance is, "considered to be planning's role" by the HMO Dept.

Mr Gillen refers to his knowledge that the property was a family home after 2012.

HMO Dept further confirms that, "We will inform planning if the landlord says on their application that the property has not been in use as an HMO since April 2012." In the absence of such a statement, Planning will not be informed. There is very little information

or supporting evidence on the Agent's application form so how would Planning know the facts without the two SCC departments actively conferring?

HRA has long been concerned about the need to control both the spread and impact of HMOs through coordination between Planning and Licensing, particularly when the density of HMOs in any particular area is over-approved by SCC and family homes are lost.

Mr Gillen has made a strong point that an appropriate full Planning Application might never have been made for this property and the LDC Application might be a tactic to retrospectively short circuit the regularisation of legal requirements.

HRA requests therefore that this application is refused and that the application is investigated to ensure all legal requirements are met before both a change of use from C3 to C4 is approved and a new HMO Licence is granted. We recommend also that any missing HMO Licence fees, to cover the period October 2018 to March 2020, are recovered in fairness to other HMO Licence holders in Southampton.