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Policy DM3 Housing in multiple occupation (HMOs)

I write in strong support of this policy. Since its introduction, the Article 4 Direction has worked well in its aims to maintain an appropriate area housing mix and to safeguard the character of local communities.

The average occupancy of HMO properties is about double that of single-household properties. This means that the proportion of HMO occupants in a population substantially exceeds the proportion of HMO properties in that area. The National HMO Lobby in its 2008 report ?Balanced Communities and Studentification? identified 10% of properties as the tipping-point from a community which is demographically balanced and sustainable to one which is dominated by HMOs, because it corresponds to approximately 20% of the population. It is good that this is the criterion used in Canterbury, and the use of the proportion of dwellings within a 100m radius of any application property allows the policy to be applied fairly and efficiently.

The high occupancy of HMOs, and increasing levels of car ownership, means that consideration of the level of carparking that would exceed the capacity of the street is also very important.

The Article 4 policy considers the interests of all demographic groups to maintain sustainable communities, with an appropriate housing mix and orderly markets in both buying/selling and letting/renting property. I strongly support it.

The enforcement of minimum legal standards for HMOs, particularly bedroom sizes and the provision of kitchen facilities and communal space, is valuable in ensuring good standards in housing for those who live in them. There are still student HMOs being advertised, for example on the Rightmove website, where one or more of the bedrooms is smaller than the minimum permitted area. These standards are not mentioned in Policy DM3 of the Draft Local Plan. They should be linked here.

The licensing scheme for large HMOs is also valuable in ensuring good standards in housing for those who live in them. This scheme is not mentioned in Policy DM3 of the Draft Local Plan. It should be formally included.

All this does of course depend on the Council maintaining a completely accurate and up-to-date record of which properties are in use as HMOs, including smaller ones as well as the larger licensed ones. Evidence suggests that there is room for improvement here. I urge the Council to put more resources into this.

Dr R E Benfield