

**Bridgend County Borough
Local Development Plan
2018-2033**

**Draft Houses in Multiple Occupation
Supplementary Planning Guidance
February 2026**

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Contents

1.0	Introduction.....	1
2.0	National Policy Context	3
3.0	Background	5
4.0	Planning Framework.....	6
5.0	HMO Definitions and Regulatory Context.....	7
	HMOs in Planning Terms	7
	Exclusions.....	8
	Mandatory Licensing for HMOs.....	9
	Fit and Proper Persons Test	10
	Management Regulations	10
	Inspections and Health & Safety	11
	Operating Without a Licence.....	11
	Homelessness (Suitability of Accommodation) (Wales) Order 2015	12
	Building Regulations	12
6.0	Planning Requirements	14
	Policy COM7: Criterion 1	14
	Policy COM7: Criterion 2	17
	Permitted Development Rights (PDRs) and HMOs.....	18
	Converting Non-Residential Buildings to HMOs.....	18
	HMOs, Listed Buildings and Conservation Areas	19
	Policy COM7: Criterion 3.....	20
	Intensification of Use and Impact on a Neighbourhood's Character	20
	Compatibility of Uses	21
	HMOs in Flood Risk Areas.....	22

Policy COM7: Criterion 4.....	23
Methodology for Assessing Parking Impact	23
Design Requirements for On-Site Parking	24
Policy COM7: Criterion 5.....	26
Bicycle Storage	26
Refuse and Recycling Storage.....	26
Clothes Drying Area.....	27
Policy COM7: Criterion 6.....	28
Outdoor Amenity Space	29
Protecting the Amenity of Neighbouring Uses.....	29
HMOs Above/Adjoining Commercial Premises	30
Material Considerations	30
Appendix A – Submission Requirements for Applicants	31
Appendix B – HMO Licensing Standards	32
Part One: HMO Space Standards	32
Space Requirements for Shared Accommodation with Shared Facilities.....	32
Space Requirements for Self-Contained Accommodation	32
Part Two: HMO Amenity Standards	33
Bathroom and Toilet Amenities within Shared Accommodation	33
Bathroom and Toilet Amenities within Self-Contained Accommodation.....	34
Kitchen Amenities within Shared Accommodation	34
Kitchen Amenities within Self-Contained Accommodation.....	36
Appendix C – Methodology for Assessing Parking Impact.....	37



Chapel Street, Bridgend

1.0 Introduction

- 1.1 Houses in Multiple Occupation (HMOs) are generally defined as properties occupied by three or more unrelated individuals, forming more than two households (Welsh Government, Law Wales: Houses in Multiple Occupation). The Local Planning Authority (LPA) recognises the important role HMOs play in contributing to Bridgend County Borough's housing supply by providing flexible and often more affordable accommodation options for a diverse range of residents.
- 1.2 HMOs can indeed provide accommodation for small households who may otherwise be unable to meet their needs in the market and/or require flexibility to move home. They are typically occupied by students, young professionals and those on short-term work contracts.
- 1.3 However, residents of HMOs can often remain in situ for relatively less time than residents of other dwelling houses, meaning areas with significant concentrations of HMOs can witness greater population turnover. Equally, multiple occupation of a house can involve intensification of its residential use, due to a greater number of independent adults residing within the property. In certain instances, this can lead to increased levels of activity in and around the house, greater noise levels, additional demand for car parking spaces and waste disposal issues. Nevertheless, conversion of a single dwelling house into an HMO may not necessarily constitute intensification. For example, a single dwelling house could accommodate an adult couple plus several additional adult children who are set to remain in the parental home for an unspecified period. On this basis, it is normally difficult to demonstrate the degree of impact that an individual property converted to an HMO may have on the character and amenity of its surroundings. However, a high proportion of HMOs can have a much more significant cumulative impact on the character of an area, its residential amenity and also local community cohesion.

1.4 Common perceptions associated with HMOs include:

- Negative changes to the character of an area
- Negative impacts on the amenity of occupants and neighbours through the intensification of uses
- Increased pressure on parking provision
- Waste storage and litter issues
- Anti-social behaviour/crime issues
- The provision of inadequate living conditions for occupiers
- Negative impacts on the physical environment and streetscape.

1.5 While not all of these issues (should they arise) are under the direct control of the LPA, the adopted Replacement Local Development Plan (RLDP) includes Policy *COM7: Houses in Multiple Occupation*. This aims to ensure that proposals to convert dwellings into HMOs are assessed as to their appropriateness in order to avoid over intensification of the use within the locality. This Supplementary Planning Guidance (SPG) provides planning applicants and officials with additional information on how to interpret and apply Policy COM7. This SPG will be taken into account as a material planning consideration when determining planning applications for HMOs.



2.0 National Policy Context

- 2.1 **Future Wales: The National Plan 2040** – While HMOs are not explicitly referenced within *Future Wales*, it includes high-level planning goals that support their management through local policy, especially in terms of creating sustainable, well-connected, and balanced communities. It includes several *Placemaking Principles* which promote high-quality, inclusive, and sustainable places. LPAs are expected to support mixed and balanced communities, which aligns with the goal of managing concentrations of HMOs to avoid harmful social and/or environmental impacts.
- 2.2 *Policy 2 – Shaping Urban Growth and Regeneration* of Future Wales encourages urban intensification in a way that supports well-being and community cohesion. HMOs, which can increase intensification in urban areas, must be managed carefully to align with this policy.
- 2.3 *Policy 7 – Delivering Affordable Homes* of Future Wales supports diverse housing provision, particularly for those on lower incomes. While privately run HMOs are not classed as 'Affordable Housing' for the purposes of the land use planning system, HMOs can provide an affordable market housing option for those otherwise unable to meet their needs in the housing market.
- 2.4 *Policy 9 – Resilient Ecological Networks and Green Infrastructure* indirectly supports the management of the intensification of HMOs, as they can lead to an increase in population densities which can place more pressure on services and green spaces. By managing their distribution, LPAs can support the resilience of ecological networks.
- 2.5 **Planning Policy Wales (PPW) (Edition 12)** sets out the overarching national planning policy for Wales and should be used to guide planning and placemaking at the local level. These policies underpin local planning policies used to guide development.
- 2.6 PPW emphasises the need to promote sustainable development and support the well-being of people and communities across Wales, such as by ensuring that a range of housing types are delivered to support a diverse population

and a range of housing needs. PPW also promotes the creation of cohesive and balanced communities.

2.7 While HMOs are not specifically referred to within PPW, it underscores the need for LPAs to ensure that housing developments contribute to balanced communities and meet the diverse needs of the population. This includes providing a range of housing types and tenures to accommodate different household sizes and compositions.

3.0 Background

3.1 The preparation of this SPG is driven by several interrelated factors. These include the projected rise in single-person households and persistent housing affordability issues, both of which are increasing demand for shared housing across many parts of the UK. While Planning, Licensing and Building Regulations each serve distinct legal purposes, they all contribute to the regulation of HMOs and work best when aligned. Applicants often face challenges in navigating the interplay between these regimes. This SPG aims to provide local interpretation, clarification, and practical guidance on the implementation of HMO-related planning policy – specifically Policy COM7 of the RLDP. It is intended to support both applicants and planning officers in applying this policy consistently and transparently, while reinforcing the LPA's wider housing and placemaking objectives.

3.2 Although the number of planning applications for HMOs in Bridgend County Borough has remained relatively low over the past five years – averaging approximately 5 per year – the issue has gained greater prominence following legislative change in February 2016. The Town and Country Planning (Use Classes) (Amendment) (Wales) Order 2016 (“**Wales Order 2016**”) created a new C4 Class covering HMOs occupied by 3-6 unrelated persons. Therefore, the Town and Country Planning (Use Classes) Order 1987 (as amended) (**Use Classes Order 1987**) now contains a clearer distinction between small HMOs (Use Class C4) and large HMOs (Unique Use), with implications for when planning permission is required. Prior to February 2016, planning permission was only required for large HMOs. However, since this date planning permission is required for all HMOs whether housing 3-6 or 7 or more unrelated persons. As a result, and in anticipation of potential future growth in HMOs, it is considered timely and appropriate to provide SPG to guide decision-making. This guidance will ensure that any new HMO development supports well-balanced, inclusive communities, avoids harmful over-concentrations, and contributes positively to the County Borough's long-term placemaking aspirations.

4.0 Planning Framework

4.1 The RLDP sets the framework to provide an appropriate and sustainable supply of housing land to deliver inter-connected, balanced communities that form the basis for individuals and families to prosper in all aspects of their lives. The strategic planning framework is set out within Strategic Policy 6: Sustainable Housing Strategy (SP6), which is supported by Development Management Policies COM1 – COM7:

SP6: Sustainable Housing Strategy

- COM1: Housing Allocations
- COM2: Affordable Housing
- COM3: On-Site Provision of Affordable Housing
- COM4: Off-Site Provision of Affordable Housing
- COM5: Affordable Housing Exception Sites
- COM6: Residential Density
- COM7: Houses in Multiple Occupation

4.2 Policy COM7 provides specific policy criteria to assess HMO proposals throughout Bridgend County Borough. It considers whether the cumulative concentration, scale and intensity of such proposals may have a net impact upon the broader locality's existing residential amenity, character and appearance. The aim of the policy is to enable HMOs to be developed in a manner that enables cohesive communities, while protecting local character and amenity.

4.3 This SPG will be used as a material consideration to support the application of Policy COM7. It will assist in the determination of any planning application for the conversion of a single dwelling (Use Class C3) or a non-residential property to an HMO, or the intensification of use of a 'C4' property (small HMO with 3-6 unrelated residents) to a 'Unique Use' (more than 6 unrelated persons sharing basic amenities) large HMO.

5.0 HMO Definitions and Regulatory Context

5.1 This section provides an overview of how HMOs are defined and regulated, setting out the distinctions between planning definitions, licensing requirements, and building regulations, while clarifying how these different regimes interact.

HMOs in Planning Terms

5.2 HMOs can be defined as residential dwellings with three or more people from two or more different families living together (i.e. not a '*single household*') and sharing one or more basic amenity (i.e. kitchen, bathroom, or toilet). The Town and Country Planning (Use Classes) Order 1987 (as amended by the Wales Order 2016) classifies HMOs into two types:

- **A small HMO:** Use Class C4 – small HMOs are shared houses or flats occupied by between three and six unrelated individuals, as their only or main residence, who share basic amenities, such as a kitchen or bathroom; or
- **A large HMO:** 'Unique Use' – large HMOs are buildings occupied by more than six unrelated individuals, as their only or main residence, who share basic amenities, such as a kitchen or bathroom. These are unclassified by the Use Classes Order and are therefore considered to be a Unique Use (a use of its own kind or '*sui generis*').

5.3 For planning purposes of determining whether occupants of a property form a '*single household*' or an '*HMO*', the relevant meanings in the Use Classes Order 1987 and the Housing Act 2004 (**HA 2004**), apply. The meaning of '*small HMO*' under Class C4 as a 'house in multiple occupation' (but not a converted block of flats), in the Use Classes Order 1987 (as amended), aligns with and refers to the meaning of "*HMO*" in section 254 of the HA 2004. The meaning of '*single household*' under Class C3 of the Use Classes Order 1987 (as amended) aligns with section 258 of the HA 2004 which sets out when persons are to be regarded as not forming a single household for the purposes of s254 HA 2004 ('house in multiple occupation'), and when a

person is considered to be a member of the '*same family*', or fall within a description specified by regulations made by the appropriate national authority. For these purposes, section 258 (3) HA 2004 provides that a person is a member of the '*same family*' as another person if:

- a. those persons are married to, or civil partners of, each other or live together as if they were a married couple or civil partners;
- b. one of them is a relative of the other; or
- c. one of them is, or is a relative of, one member of a couple and the other is a relative of the other member of the couple.

5.4 As mentioned above (paragraph 3.2), Use Class C4 was introduced in Wales in 2016. A change of use from Use Class C4 to Class C3 (dwellinghouses) is permissible without obtaining planning permission. However, planning permission is required in each of the following scenarios:

- A change of use of any building (including from Use Class C3) to either a small (Use Class C4) or large (Unique Use) HMO.
- An increase in the size of an HMO from a small HMO (C4) to a large HMO (Unique Use). For example, if a small HMO containing 6 people was to increase in size for the occupation of one additional resident. The same applies in reverse - the change of use of a large HMO (Unique Use) to either a small HMO (C4) or a dwelling (C3) will require planning permission.
- External alterations or extensions to existing HMOs which are not permitted development.

Exclusions

5.5 While the definition of an HMO generally relates to properties occupied by three or more unrelated individuals sharing basic amenities, there are several types of residential arrangements that are typically not considered HMOs for planning purposes. These include:

- Owner-occupied properties with up to two lodgers – Where a resident landlord lives in the property and rents out rooms to no more than two lodgers, this is usually considered a single household and not an HMO.
- Children's homes or supported accommodation for children – Properties where children live under care arrangements (often registered children's homes), which fall under Use Class C2.
- Residential care homes or supported housing for people in need of care – Also within Use Class C2, these include homes for elderly people, disabled people, or others receiving care.
- Purpose-built student accommodation (PBSA) – Self-contained developments designed specifically for students are not usually classed as HMOs.
- Hotel premises used for short-term temporary accommodation – A hotel building used to provide temporary accommodation for non-holiday residents, such as homeless households, which does not operate as a hotel in the conventional sense, is typically regarded as a 'sui generis' use.
- Properties occupied by a single household – A group of people who live together as a single household (e.g. A family) are not considered to live in an HMO.

Mandatory Licensing for HMOs

5.6 The planning system is one of several regulatory regimes applying to HMOs. Properties may also require a mandatory licence under the Housing Act 2004 and need to comply with building regulations. These regimes are separate, with distinct criteria – approval under one does not imply approval under another. However, Shared Regulatory Services (SRS), who oversee the licensing and management of HMOs in Bridgend County Borough, will be consulted on all planning applications for HMOs to ensure alignment between planning and housing enforcement considerations.

5.7 The Housing Act 2004 mandates licensing for certain types of HMO to ensure they meet certain health and safety standards. In Wales, mandatory licensing applies to HMOs that:

- Are occupied by five or more individuals forming two or more households;
- Comprise three or more storeys; and
- Share basic amenities like kitchens or bathrooms.

5.8 Licences usually last five years, though shorter terms may be issued if concerns exist about management. Licensing ensures the property meets standards for safety (e.g. fire precautions), has appropriate occupancy levels, and is adequately managed. Conditions may be attached to reduce negative impacts on the wider area. Beyond mandatory licensing, there is no additional or selective licensing in place for HMOs across Bridgend Country Borough.

5.9 A two-and-a-half storey property with a dormer extension would typically be regarded as a three-storey building for the purposes of mandatory HMO licensing.

Fit and Proper Persons Test

5.10 Licence holders and managers must be deemed 'fit and proper persons', with no relevant convictions (e.g. fraud, violence, sexual offences, housing law breaches), and must demonstrate competency to manage an HMO.

Management Regulations

5.11 Managers must comply with the Management of Houses in Multiple Occupation (Wales) Regulations 2006, and, where applicable, the 2007 Additional Provisions Regulations. These impose duties including:

- Providing information to occupiers;
- Taking fire and general safety measures;
- Maintaining water, gas, electricity supplies;
- Keeping common parts, fittings, and appliances in good order;
- Maintaining living accommodation; and
- Providing proper waste disposal.

5.12 Failure to comply is a criminal offence, with fines of up to £20,000 on conviction.



Pant Hirwaun, Heol y Cyw

Inspections and Health & Safety

5.13 Before issuing a licence, SRS inspect the property to assess licence conditions and housing standards under the Housing Health and Safety Rating System (HHSRS). This assesses 29 hazards, each weighted to determine whether a property has:

- **Category 1** (serious hazards); or
- **Category 2** (less serious hazards).

5.14 Local authorities must act where Category 1 hazards are found, and landlords are required to address all identified risks.

Operating Without a Licence

5.15 Running a **licensable HMO** without a licence is a criminal offence, as is failing to comply with licence conditions, both subject to significant penalties. The application process is managed by SRS (for further information refer to the [Licensing of HMOs Guidance Note](#)).

Homelessness (Suitability of Accommodation) (Wales) Order 2015

5.16 Shared accommodation provided to homeless households in priority need must meet the standards set out in the Homelessness (Suitability of Accommodation) (Wales) Order 2015. Under Article 2 of the Order, where the accommodation is an HMO, it must be licensed where required and meet relevant HMO standards. This ensures that individuals are not placed in unsuitable or substandard housing.

Building Regulations

5.17 An existing house converted to an HMO can still be a 'dwellinghouse' and would not require separate Building Regulations approval if it is to be occupied by people who share a tenancy, share the bills and where the property does not have any locks on the bedroom doors.

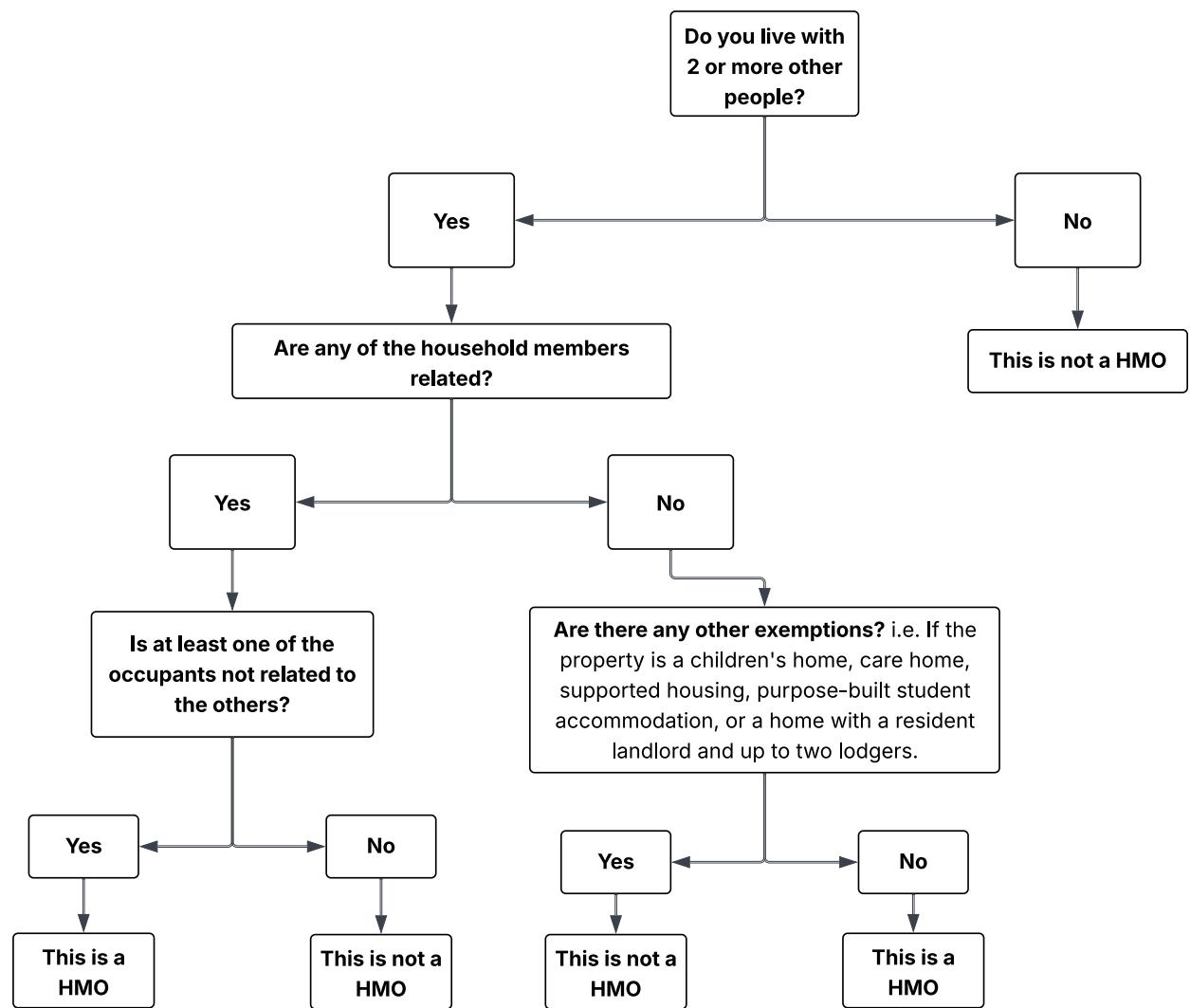
5.18 However, where the HMO is occupied by people with separate tenancies and proposes to have locks on doors, this would then be classed as 'rooms for residential purposes'. This would constitute a material change and require building regulations approval.

5.19 Any other type of change of use to an HMO would require a Full Plans Building Regulation application, and be expected to install the following before occupation:

- Emergency lighting
- Fire safety signage
- Fire doors throughout (self-closing where applicable)
- Fire detection throughout building
- Protected corridor to final exit.

5.20 A statutory consultation with South Wales Fire Service will also be required. The application process is managed by Building Control (for further information see the [Building Control section of the Council's website](#)).

Figure 1: Do I Live in an HMO?



6.0 Planning Requirements

6.1 This section provides further guidance on each of the criteria set out in Policy COM7 of the RLDP. It is intended to support applicants and decision-makers by clarifying how the policy should be interpreted in the context of proposals for HMOs, and by outlining key considerations to be addressed through the planning process. A list of documents the LPA would typically expect to be submitted when making a planning application for an HMO can be found in Appendix A.

Policy COM7: Criterion 1

'It would not lead to more than 10% of all residential properties within a 50m radius of the proposal being HMOs.'

6.2 All proposals for a change of use from a single dwelling to an HMO will be subject to the 'radius test'. The Welsh Government's Housing in Multiple Occupation: Review & Evidence Gathering report found that local concerns regarding the number of HMOs increases once concentrations of HMO households rise above 10%. Such concentrations have the potential to cause negative amenity impacts upon existing residents including the potential for increased levels of disturbance associated with multiple households within a property. These factors combined with a reduction in the number of family homes within an area can inhibit the maintenance of sustainable, mixed and balanced communities.

6.3 Any proposal that would lead to more than 10% of all residential dwellings being HMOs within a 50m radius would be contrary to Policy COM7 and deemed unacceptable, unless overriding material considerations demonstrably outweigh concerns over concentration.

6.4 To ascertain whether a proposal complies with this policy criterion, a circle with a 50m radius should be drawn around the central point within the property's red line boundary to show all properties falling within this area. Only those properties whose centre point (that is the most central point within a property's red line boundary) falls within the circle should be included within

the calculation. A calculation of the proportion of HMOs as a percentage of all residential units within the 50-metre radius should then be made as detailed in paragraph 6.2.5. For subdivided properties or purpose-built apartment blocks, each individual self-contained unit (whether resulting from a subdivision or located within an apartment block) will be counted as a single dwelling.

- 6.5 In order to identify existing properties in HMO use, the LPA will utilise data held on the number of existing HMOs within the proposal's vicinity. This will include any previous planning consents combined with any current HMO licenses. The applicant or any objectors may supplement or challenge such data held by the LPA. However, satisfactory evidence must be provided to support any such claims.
- 6.6 To calculate the percentage of HMOs within a specific area, the following formula should be used:

HMO concentration = Number of HMOs within 50m radius

X 100

**Number of residential properties
within 50m radius**

The answer to this equation should be rounded to the closest integer i.e. 9.5% should be rounded up to 10%, or 9.4% should be rounded down to 9%.

- 6.7 To determine the appropriate denominator, all residential dwellings that fall within a 50m radius that are categorised as either Use Class C3 (dwellinghouse), C4 (small HMO) or 'Unique Use' (large HMO), must be included within the calculation. Figure 2 shows an example of how the radius test should be applied to an application for an HMO to ascertain whether it complies with Policy COM7.

Figure 2: Application of 50m Radius Test



Policy COM7: Criterion 2

'Conversion is possible without major extensions or alterations to the building which would significantly alter the character and appearance of the street scene and the broader locality.'

- 6.8 It is recognised that the majority of conversions to HMOs will require minimal alterations to their external appearance. However, any alterations should be well integrated with the existing street patterns, historic context, urban layout and landscape features of the surrounding area, while having regard to the size and character of the property and wider street scene.
- 6.9 Extensions to an HMO to create additional bedrooms would not constitute creation of a new HMO or add to the concentration of HMOs in a locality. However, any increase in the number of residents can have an impact on the character of an area and amenity of neighbouring occupiers. These types of planning applications will be assessed on a case-by-case basis. In such cases, careful consideration will be given to the proposal's impact upon the locality's amenity, character and appearance. Impact on adjoining properties and public spaces, such as by way of loss of light, privacy or proposals being visually overbearing, will be duly considered. Proposals should also consider how the building interacts with pavements or other public spaces.
- 6.10 If floor levels are altered, the impact on the appearance of the property from street level should be considered. When larger rooms are split into two separate rooms, the applicant should ensure that any new windows align with the divided room. A new dividing wall that intersects the middle of a traditional bay window will not usually be acceptable.
- 6.11 The entrance and approach to an HMO is an important part of how it functions in relation to its surroundings. When HMOs are accessed from side or rear entrances, this can cause amenity issues for neighbouring residents, as well as have an impact on the visual appearance of the street scene. Entrances designed to be visible from the street are considered optimal.

6.12 The provision of on-site car parking or secure cycle storage, where required to support an HMO conversion, will not generally be considered to constitute a major extension or alteration to the building. Such works are typically modest in scale and, where appropriately designed, do not significantly alter the character or appearance of the street scene or wider locality. Each case will be assessed on its individual merits, but this SPG assumes that proposals of this nature can ordinarily be accommodated within the scope of the policy criterion.

Permitted Development Rights (PDRs) and HMOs

6.13 Once planning permission has been granted for a property to operate as a HMO, some PDRs may still apply, depending on the type of HMO. In Wales, small HMOs (Use Class C4) are generally treated as “dwellinghouses” for the purposes of the Town and Country Planning (General Permitted Development) Order 1995 (as amended) (GPDO). This means that most householder PDRs, such as certain extensions, loft conversions, and outbuildings, can still apply, subject to the usual limitations and conditions.

6.14 However, larger HMOs (Unique Use) and are not considered dwellinghouses under the GPDO. As a result, PDRs that apply to dwellinghouses do not usually extend to large (Unique Use) HMOs.

6.15 When granting planning permission, the LPA may apply a planning condition that requires the HMO to be limited to a maximum number of occupants at any one time. This will typically relate to the number of bedrooms in accordance with the internal layout indicated on the approved floor plans. A further planning condition may be applied to remove the owner’s PDR for an HMO on a case-by-case basis.

Converting Non-Residential Buildings to HMOs

6.16 Proposals to convert non-residential buildings to HMOs that include extensions and/or external alterations will be considered on their own merits against the policies in the RLDP. Such proposals should, however, be in

keeping with the existing form and character of the building and preserve the character of the wider street scene.

HMOs, Listed Buildings and Conservation Areas

6.17 Owners of listed buildings converted to HMOs are required to gain listed building consent for any alterations or extensions (internal or external) that may affect its character. The LPA recommends that applicants seek guidance from the Historic Buildings Conservation Officer before submitting an application for such a scheme. The LPA, when considering whether to grant planning permission for development that affects a listed building, has a statutory duty to “have special regard to the desirability of preserving the building or its setting or any features of architectural or historic interest that the building possesses” (Section 66 of the Planning (Listed Buildings and Conservation Areas) Act 1990). PPW (Edition 12, p.130) sets a ‘general presumption in favour of the preservation or enhancement of a listed building and its setting, which might extend beyond its curtilage’.

6.18 Proposals for HMOs located within or affecting the setting of conservation areas should demonstrate how they will preserve or enhance the special character and appearance of the area. As conservation areas are designated for their special architectural or historic interest, development proposals must be informed by a heritage impact assessment in accordance with Policy *SP18: Conservation of the Historic Environment* of the RLDP. Any physical alterations, intensification of use, or changes to the character of a property arising from HMO conversion should be sensitive to the historic and architectural context. The LPA will resist proposals that fail to respect the distinctive character, appearance, and setting of the conservation area, in line with national best practice and relevant legislation, including the Historic Environment (Wales) Act 2016.

6.19 Careful consideration should be given to retrofitting insulation and installing solar photovoltaics in/on HMO buildings in addressing energy consumption. Traditional buildings require the ability for moisture evaporation off surfaces and insulation can be damaging to the building fabric. Advice from the

Council's Conservation and Design Team can highlight practices that avoid harmful installations and that damage architectural character.

6.20 The LPA recommends obtaining pre-application conservation advice for proposals relating to Listed Buildings / buildings in Conservation Areas as well as key historic buildings that form part of the historic landscape. These may include former chapels / welfare halls / vacant traditional buildings, etc. Guidance on managing change and energy efficiency measures relating to the historic environment is also available and should be used to inform proposals relating to buildings of traditional construction. When preparing proposals, developers are encouraged to seek advice from a heritage specialist with experience of working on historic buildings.

Policy COM7: Criterion 3

'The scale and intensity of use would be compatible with the existing building and adjoining and nearby uses'.

6.21 While it is important to manage the number of HMOs within a particular area, intensification of individual HMOs can adversely impact the existing building and adjoining and nearby uses. Planning permission will need to be sought to increase the size of an HMO from between three to six people (Use Class C4) to seven or more people (Unique Use). All planning applications for HMOs must not only be assessed against Policy COM7 and this SPG, but also against *Policy SP3: Good Design and Sustainable Placemaking*. Policy SP3 sets out broader requirements relating to design quality and the character of development in relation to its surroundings.

Intensification of Use and Impact on a Neighbourhood's Character

6.22 Proposals for new, or the intensification of existing HMOs, should have regard to the size and character of the property, as well as of the wider street scene (opposite and adjacent uses, in particular). Each proposal will be assessed on a case-by-case basis, but the net gain in the number of occupants should not be unduly excessive in nature.

6.23 The proposal's impact on the amenity of local residents, the character and appearance of the street scene, and highway safety will be assessed at the

point of application. To enable the LPA to fully assess the HMO's compatibility with the existing building and neighbouring uses, the applicant is required to submit floor plans which provide a clear indication of the proposed room uses, including bedrooms, communal spaces and location of any opening windows. Plans for bedrooms must also indicate the maximum number of occupants. Potential impacts on residential amenity will be assessed by considering elements such as visual impact, loss of light, overlooking, privacy, disturbance and likely traffic movements.

6.24 When assessing planning applications for changes of use to HMOs, it is important to distinguish between perceived impacts based on the previous occupants and the lawful planning use of the property. The planning system does not control who occupies a dwelling, but rather how it is used. For example, a property lawfully used as a single dwellinghouse (Use Class C3) may be occupied by a couple or by a large family of adults without requiring planning permission. As such, assessments of impact must be based on the potential lawful use under current planning controls, not the specific nature of past occupants. Proposals for HMOs should therefore be judged against a baseline of the established planning use and whether the proposal would result in a material change in the character or impact of the use in planning terms, rather than who previously lived at the property.

Compatibility of Uses

6.25 HMOs must be compatible with nearby uses. For example, an HMO would not be deemed acceptable if located in the middle of an industrial estate, as this would be contrary to other policies in the RLDP. In particular, applications for the conversion of commercial buildings to HMOs should consider the nature of adjacent and nearby uses and the degree to which they are compatible with a residential property. For example, a proposal for a new HMO adjoining a commercial premises should be able to provide outdoor amenity space without adversely impacting upon the servicing and security of the neighbouring business.

6.26 Typically, planning permission is not required for internal alterations to an HMO, unless the building is listed, the alterations significantly impact the building's external appearance or involve structural changes affecting fire safety, escape routes, or load-bearing walls. Proposals to convert communal areas (i.e. a sitting room into an additional bedroom) may require planning permission if they result in a material change of use. This could be due to the resulting change in character, impact on residential amenity, increase in the number of occupiers, and/or parking pressures.

HMOs in Flood Risk Areas

6.27 In areas at risk of flooding, the potential intensification of residential use associated with HMO development may exacerbate local flood risk or pose risks to future occupants. Proposals for HMOs in flood risk areas should demonstrate that flood risk is adequately addressed in accordance with national guidance (e.g. Technical Advice Note 15). Applicants may be required to submit a Flood Consequences Assessment. The LPA may resist intensification of use through HMO development where it would lead to unacceptable environmental pressures.

Policy COM7: Criterion 4

'The proposal incorporates on-site parking provision or demonstrates that it will not have an adverse effect on local parking provision'.

6.28 Parking is a frequently raised concern in relation to HMOs. However, the nature of car ownership and demand for parking spaces can vary depending on location, resident profile, and site-specific factors. Importantly, the conversion of a property to an HMO does not automatically result in increased parking demand; in many cases, HMOs can have lower levels of car ownership than traditional family homes.

6.29 All applications for HMO proposals must include details of the proposed parking provision. The appropriate level of provision will be assessed by the LPA based on the following considerations:

- The availability and suitability of parking within the curtilage of the property;
- The sustainability of the site in relation to proximity to services and amenities;
- Access to public transport, bus stops and active travel routes (e.g. walking and cycling infrastructure);
- The availability of existing on-street parking in the surrounding locality; and
- A comparison of the likely parking demand of the proposed HMO with that of the existing use.

6.30 Proposals in localities with good access to commercial centres, public transport and active travel routes could negate the need for any additional parking generated by a net increase in people.

Methodology for Assessing Parking Impact

6.31 Applicants are required to assess the potential impact on local parking provision using the methodology set out in Appendix C. This methodology enables a proportionate, consistent approach to assessing whether additional parking demand would result in adverse impacts on the surrounding area. A

summary checklist is also included in Appendix C to guide applicants through the assessment process.

Design Requirements for On-Site Parking

6.32 Where on-site parking is proposed, the following principles apply:

- Provision within the curtilage of the property is preferred, where feasible.
- Parking layouts should:
 - Complement the residential character of the area; and
 - Avoid dominating the frontage or detracting from the building's entrance and approach.
- Tandem parking is not acceptable for HMOs.
- Each parking space should be independently accessible – vehicles should be able to enter and leave each space without needing to move others.
- Parking provision should comply with the latest Bridgend Parking Standards SPG.
- As Policy *PLA11: Parking Standards* of the RLDP states, consideration must be given to electric and Ultra Low Emission Vehicles.
- Schemes that provide on-site parking by sacrificing amenity space are unlikely to be acceptable.
- Where front gardens are converted into parking, paving materials used should be permeable or porous.

6.33 It is noted that off-street parking for existing dwellings may relieve existing on street parking pressures and better enable residents to charge an electric vehicle.



Newcastle Hill, Bridgend

Policy COM7: Criterion 5

'The proposal includes adequate storage for recycling/refuse, cycles and a clothes drying area'

Bicycle Storage

6.34 HMOs should provide secure, covered and accessible bicycle storage within the curtilage of the property and on the ground floor. As a general rule, a minimum of one bicycle parking space per bedroom will be required, reflecting the likelihood that each occupant is an independent adult with their own transport needs. This standard supports active travel, aligns with the Active Travel (Wales) Act 2013, and can help reduce pressure on car parking provision. The LPA may consider a reduced standard in exceptional circumstances. These include where it can be robustly demonstrated that demand will be lower, or where storage can be provided outside the curtilage of, yet in close proximity to the property. However, lack of bicycle storage may result in refusal of planning permission due to amenity, accessibility or sustainability concerns.

6.35 Plans submitted with the planning application should clearly identify where proposed bicycle storage is located. Corridors and landings should not be used for storing bicycles and storage areas will need to be sensitively designed to ensure their regular use does not have an adverse impact on the amenity of residents.

6.36 The LPA may use planning conditions to ensure the provision of secure cycle storage for residents of HMOs.

Refuse and Recycling Storage

6.37 All proposals will be required to incorporate adequate provision for the secure storage of refuse and recycling materials. This should be separate to any amenity space or clothes drying areas provided for residents, and away from view from street level, wherever possible. The location, design and size of external bin storage areas should be suitable for such as use and should not detract from the character of the locality. Where possible, bins should be

stored to the side or rear of the property. Unimpeded access should be provided to these facilities in a manner that enables occupants to freely move refuse and recycling to the front of the property ready for collection. If the only option is to store refuse and recycling at the front of the property, suitable screening should be provided. All waste and recycling storage areas should be clearly identified on plans submitted with the planning application.

6.38 Provision for waste facilities in new build HMOs must comply with Policy ENT15: Waste Movement in New Development in the RLDP.

Clothes Drying Area

6.39 A dedicated external area (containing either a rotary or washing line) for clothes drying is recommended in order to reduce the risk of damp and mould forming indoors. Where only internal drying provision is possible, the space provided should be well and securely ventilated, adequately sized for the number of occupants and separate from communal living areas, such as kitchens, bathrooms, or sitting rooms. It should be capable of being heated and enclosed (e.g. with a closable internal door) to prevent condensation spreading to other parts of the property. The clothes drying area must be clearly defined on the submitted plans. Consideration should be given to providing a dryer/washer-dryer for tenants to use.



Amenity space with rotary washing line, Pencoed



Covered bin storage unit, Bridgend

Policy COM7: Criterion 6

'The proposed development would not have an unacceptable adverse impact on residential amenity.'

6.40 In assessing whether a proposed HMO would have an unacceptable adverse impact on residential amenity, consideration should be given to the potential effects on both the occupants of the HMO and neighbouring properties.

Residential amenity includes factors such as:

- Noise and disturbance;
- Privacy;
- Access to natural light and outlook; and
- Adequacy of internal and external amenity space.

6.41 In the context of HMOs, where accommodation is often intensified and shared, it is particularly important to take a wider view of residential amenity that includes the health, safety and well-being of occupants. RLDP Policies *SP3: Good Design and Sustainable Placemaking* and *SP8: Health and Well-*

being set out key criteria for ensuring that development supports people's health and well-being.

6.42 Internal floor dimensions of living spaces are considered an important element of maintaining appropriate amenity standards and providing for healthy and attractive environments. This applies to both new buildings and conversions. For example, the conversion of existing buildings to HMOs should not result in over-intensive residential use that would give rise to cramped living conditions and/or rooms with insufficient windows. To ensure proposals do not have an unacceptable adverse impact on residential amenity, applicants should seek to ensure appropriate room sizes, and the SRS licensing standards attached at Appendix B can be used as a guide in these respects.

6.43 SRS also require a readily accessible bathroom/shower room be not more than one floor away from each bedroom, and that the number provided supports the number of occupants. Minimum standards are also provided for Water Closets (WCs). The LPA regards these standards as best practice and therefore applicants are encouraged to apply the same standards for all HMOs, regardless of size. Refer to Appendix B.

Outdoor Amenity Space

6.44 HMOs should provide outdoor amenity space in which residents can relax. Amenity spaces provided should be an appropriate size for the number of occupants and accessible to all residents at all times. They should be separate to space used for activities such as clothes drying and storing refuse/recycling and bicycles. The retention of existing gardens is recommended to support biodiversity, for amenity value and to help reduce surface water flooding.

Protecting the Amenity of Neighbouring Uses

6.45 In line with Policy SP3 of the RLDP, HMOs must be designed to avoid unacceptable adverse impacts on the amenity of neighbouring occupiers. Proposals should prevent overlooking, overshadowing, and the creation of adverse microclimatic conditions through careful site layout and design.

HMOs Above/Adjoining Commercial Premises

6.46 If a proposal for an HMO adjoins a commercial premises, amenity space should be provided to minimise disturbance due to noise. HMOs above shops or other commercial premises should have their own separate entrance to the street frontage.

HMOs and Security

6.47 Applicants are encouraged to design HMOs in accordance with Secured by Design (SBD) principles and are advised to aim to achieve the SBD 'Gold' award (an award that acknowledges crime and anti-social behaviour reduction measures relating to layout, environmental design and the use of Police Preferred Specification products), where practicable.

Material Considerations

6.48 Planning decisions must be based on land use impacts and material planning considerations, not the identity or personal characteristics of future occupants. It is not appropriate, or lawful, to refuse planning permission for an HMO on the basis of assumptions about who may live there, including concerns about perceived behaviour, lifestyle, or potential for criminal activity. For example, it would not be acceptable to oppose an HMO application on the grounds that:

- The property may be occupied by students, young people, or the unemployed, and that this could lead to anti-social behaviour;
- There is a belief that future residents may not 'fit in' with the surrounding community; or
- There are generalised fears that HMOs lead to crime without evidence of a land-use impact.

Appendix A – Submission Requirements for Applicants

- Application form
- Site location plan
- Block plan of the site
- Existing and proposed floor plan, including internal floor areas for each room
 - floor plans should clearly identify proposed room uses, including bedrooms, communal spaces and the location of any opening windows. It should be indicated what each room will be used for and how many people in each room. For bedrooms, the plans must also indicate the maximum number of occupants. Also, the location of bedrooms in relation to communal areas must be clear.
- Details of waste and recycling
- Details of bicycle parking
- Details of external amenity space
- Details of drying space
- Elevation plans where any extensions or new openings such as windows and doors are proposed
- Supporting statement including details of proposed parking provision (car and bicycle)
- Any supporting evidence; for example, parking surveys, information about local parking provision, etc.

Appendix B – HMO Licensing Standards

While these standards are not planning standards and cannot be imposed or enforced as such, the LPA recommends use of these licensing standards as a 'best practice' guide to ensure appropriate room sizes and amenity standards in HMOs.

Part One: HMO Space Standards

Space Requirements for Shared Accommodation with Shared Facilities

(includes the kitchen, lounge, bathroom, and toilet)

Table 1: Bedroom Space Standards

Room	Size	Configuration	Space Requirements
Bedroom(s)	Single	With separate lounge	6.5m ²
		Without separate lounge	10m ²
	Double	With separate lounge	10m ²
		Without separate lounge	15m ²

Table 2: Kitchen Space Standards

Room	Number of Occupants	Space Requirements
Kitchen	1-2 person/s	5.5m ²
	3-6 persons	7m ²
	7-10 persons	10.5m ²

Space Requirements for Self-Contained Accommodation

(exclusive use of own facilities)

Table 3: Self-Contained Accommodation Space Standards

Accommodation Type	Number of Rooms	Configuration	Space Requirements
Single Bedsit/Flat	One room	Lounge/Kitchen/Bedroom	13m ²
Double Bedsit/Flat			15m ²
Single Bedsit/Flat	Two rooms	Lounge/Kitchen	10m ²
		With separate bedroom	6.5m ²
Double Bedsit/Flat		Lounge/Kitchen	13m ²
		With separate bedroom	11m ²
Single Bedsit/Flat	Two rooms	Lounge/Bedroom	10m ²
		With separate kitchen	5.5m ²
Double Bedsit/Flat		Lounge/Bedroom	15m ²
		With separate kitchen	5.5m ²

Part Two: HMO Amenity Standards

Bathroom and Toilet Amenities within Shared Accommodation

Table 4: Bathroom/WC Facility Standards

*Toilets (WCs):	Number of Occupants	Quantity	Configuration
	Up to 4 occupants	1 WC	May be in bathroom/shower room
	5 occupants	1 WC	In a separate compartment
	6 occupants	2 WC	May be in bathroom/shower room
	Between 7-10 occupants	2 WC	1 WC to be in a separate compartment to the room containing bath/shower
	Between 11 – 15 occupants	3 WC	1 WC to be in a separate compartment to the rooms containing baths/showers

*Each WC to include a wash hand basin with an adequate supply of cold water and constant hot water.

Table 5: Bathroom Requirements

	Number of occupants	Quantity
*Bathroom:	Every 5 occupants	1 bathroom

* Each bathroom to contain a bath or shower with an adequate supply of cold water and constant hot water, but not necessarily a toilet or wash hand basin.

Toilets and bathrooms to be provided in an enclosed and adequately laid out and ventilated room, either:

- Within the living accommodation; or
- Within reasonable proximity to the living accommodation.

Bathroom and Toilet Amenities within Self-Contained Accommodation

Where bathroom facilities are for the exclusive use of an individual household, i.e. in self-contained flats or individual bedsits, they are to include:

- A toilet
- A bath or shower with an adequate supply of cold and constant hot water.
- A wash hand basin.

Toilets and bathrooms to be provided in an enclosed and adequately laid out and ventilated room, either:

- Within the living accommodation; or
- Within reasonable proximity to the living accommodation.

Kitchen Amenities within Shared Accommodation

It is recommended that at least 2 double electrical sockets are provided in addition to the cooker socket.

Table 6: Kitchen Amenities Requirements

Amenity	Number of Occupants	Configuration
Cooker	Up to 5 occupants	1 full cooker - (1 oven and 4 hobs)
	Up to 7 occupants	1 full cooker – (1 oven and 4 hobs) <u>AND</u> at least one alternative cooking option (e.g. air fryer/microwave, etc.)
Sink	Up to 5 occupants	1 sink - (With hot and cold water and draining board)
	Up to 7 occupants	1 sink – (With hot and cold water and a draining board) <u>AND</u> a dishwasher.
Work Surface	Up to 5 occupants	2.0 linear metres Note – (a work surface of at least 500m must be sited adjacent to each cooker).
	Each occupant thereafter	An additional 0.5 linear metres per occupant
Dry Goods Storage	Per occupant	1 base unit (500mm) OR 1 wall unit (1,000mm) Note – (space under sink unit & drainer not

		allowable for food storage).
Refrigerated Storage	Per occupant	1 shelf in a refrigerator AND 1 shelf in a freezer, per person.

Kitchen Amenities within Self-Contained Accommodation

Where kitchen facilities are for the exclusive use of an individual household. i.e. in a self-contained flat, or individual bedsit, the following is to be provided:

- A cooker of adequate size to include 2 – 4 ring hobs with oven or a microwave.
- A sink unit (with drainer) with adequate supply of cold and constant hot water.
- A work top for food preparation, of minimum size 1m x 0.6m
- A work surface of at least 500mm must be sited adjacent to each cooker.
- A standard under-counter size fridge as a minimum AND a freezer to be provided (*in addition to the fridge*) OR one standard fridge/freezer would meet this requirement.
- A cupboard for food and utensil storage, of minimum size 500mm standard base OR wall unit (1,000mm).
- Sufficient electrical sockets. It is recommended that at least 2 double sockets are provided in addition to the cooker socket.

Appendix C – Methodology for Assessing Parking Impact

The following methodology should be used to assess whether a proposal will have an effect on parking provision.

Step 1: Site Accessibility and Context

Applicants must provide an assessment of the site's accessibility, including:

- Distance to bus stops, railway stations and frequency of services;
- Quality and connectivity of walking and cycling routes;
- Access to local amenities (i.e. shops, schools, employment hubs, etc.); and
- Presence of car clubs or shared mobility options.

This will provide context for car dependency and potential vehicle ownership for both the existing and proposed use.

Step 2: Calculate Parking Demand – Existing Use

Calculate the likely parking demand of the existing use by considering:

- Household size and composition;
- Local car ownership data (e.g. latest census or local surveys);
- The number of bedrooms and available off-street parking.

Step 3: Calculate Parking Demand – Proposed HMO

Calculate parking demand generated by the proposed HMO, taking into account:

- Expected number of residents and their typical car ownership profile;
- Accessibility data from Step 1; and
- Comparable data from existing HMOs in similar locations.

Step 4: Net Impact Assessment

Compare the calculated parking demand of the existing and proposed use:

- If there is no net increase in likely vehicle demand, the proposal is unlikely to have an adverse impact.

- If there is a net increase, further evidence is required to demonstrate this can be accommodated (proceed to step 5).

Step 5: Assess Local Capacity and Parking Stress

If additional demand for parking is expected, the applicant must demonstrate that the local area can accommodate the net increase. This may involve:

- Providing evidence of available off-street parking provision; and
- Undertaking a parking survey of the surrounding streets to assess existing parking stress and capacity. In all cases, the survey should:
 - Follow a methodology agreed with the Highways Authority (e.g. Overnight surveys);
 - Include weekday and weekend data;
 - Cover a reasonable radius (typically 100-200m walking distance); and
 - Present clear data on the number and occupancy of on-street spaces.

Table 7: Parking Capacity vs Demand Checklist

Step	Requirement	What to Submit
1. Site Accessibility and Context	Demonstrate the site's accessibility by sustainable travel modes and proximity to services.	<p>Map or written statement showing:-</p> <ul style="list-style-type: none"> • Distance to bus stops and frequency of services • Proximity to railway stations • Walking and cycling routes • Nearby services and amenities • Any car clubs or shared mobility schemes.
2. Parking Demand – Existing Use	Calculate typical car ownership for current (C3) use.	<ul style="list-style-type: none"> • Description of current/former use – including plans • Household size or composition • Estimated car ownership level (with data source) • Existing off-street parking availability.
3. Parking Demand – Proposed HMO	Calculate parking demand for the proposed HMO.	<ul style="list-style-type: none"> • Expected number of occupants – including proposed plans • Car ownership assumptions based on

		<p>local evidence or comparable HMOs</p> <ul style="list-style-type: none"> • Reference to accessibility factors from Step 1.
4. Net Impact Assessment	Compare existing and proposed parking demand.	<ul style="list-style-type: none"> • Table or written summary comparing both scenarios • Clear statement on whether there is a net increase in demand.
5. Local Parking Capacity / Parking Survey	If net demand increases, assess whether this can be accommodated.	<ul style="list-style-type: none"> • Details of any proposed on-site parking provision • If relying on on-street parking: a parking *survey following an agreed methodology <p>* Survey must include:-</p> <ul style="list-style-type: none"> ○ Map of surveyed area (100m-200m radius) which includes any traffic restrictions ○ Weekday and weekend overnight occupancy ○ Number and type of available spaces ○ Summary of capacity vs demand.

