

**GUIDANCE FOR PLANNING  
APPLICATIONS FOR  
HOUSES IN MULTIPLE  
OCCUPATION (HMOs)**

**SUPPLEMENTARY  
PLANNING DOCUMENT**

*DRAFT FOR CONSULTATION*  
APRIL 2026  
PLANNING SERVICES

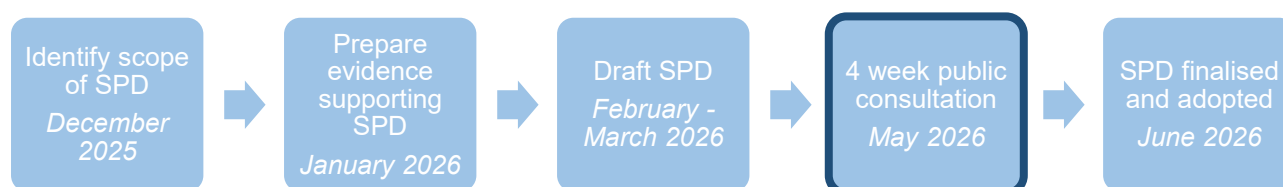
**DARTFORD**  
BOROUGH COUNCIL

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## 1. INTRODUCTION

- 1.1. This is a draft Supplementary Planning Document (SPD) for public consultation prepared by Dartford Borough Council (the Council). It focuses on Houses in Multiple Occupation (HMOs) and the issues to be taken into account when considering planning applications or enforcement of unlawful HMOs. An SPD provides detailed guidance on a topic or area, building on the policies contained in the Dartford Plan. By law, the Dartford Plan is important as the starting point for making decisions on planning applications. Policies in the Dartford Plan can be reinforced by a SPD.
- 1.2. The intention to produce a SPD on HMOs was confirmed in the new Dartford Local Development Scheme, the official programme for producing new planning policies. The scope was outlined in a Full Council (General Assembly of Council) report in the same month (December 2025). Supporting evidence has been reviewed, and further research and assessment has led to this proposed draft SPD.
- 1.3. The SPD will cover the whole of Dartford Borough, including the area of Ebbsfleet Garden City, where planning applications are considered by the Ebbsfleet Development Corporation (EDC). An amended version of this SPD will be formally agreed and adopted by the Council. Once in place it will be used alongside the Dartford Plan and national policy to decide all planning applications for new or extended HMOs.
- 1.4. Regulations 11 to 16 of the Town and Country Planning (Local Planning) (England) Regulations 2012 set out the requirements for producing SPDs. Public consultation is a crucial stage in defining the final content of the SPD:



- 1.5. Subject to public consultation outcomes, the SPD is expected to be amended and adopted by the Council in June 2026.
- 1.6. The Council has taken action that means that all proposals for developments of new or expanded HMOs (including small HMOs) are now required to get planning permission in this Borough. This has increased the need for specific planning HMO guidance in Dartford.
- 1.7. Please note that the SPD provides policies for use in planning decisions and does not impact on other regulations HMOs need to satisfy. For example, HMOs may also need a licence from the Council under national housing legislation. SPD policies do not apply to this process (although there is consistency in objectives for HMOs in the Borough).

## SPD PURPOSE, IMPLEMENTATION AND HMOS

- 1.8. The SPD guides residents, developers and landowners, decision-makers and others with practical advice as to how HMO planning proposals will be assessed. Dartford's SPD policies set out here will be a key influence, alongside the Dartford Plan (adopted 2024), over whether the Council, EDC and other decision-takers, permit HMO developments.
- 1.9. Some of the following SPD policies are focused on development of a new HMO, but please note most of the provisions set out here also apply to proposals to expand or alter an existing HMO where planning permission is required for that development. For all proposals, these policies will be a weighty material consideration (legally significant factor). This helps ensure a clear and consistent planning approach is taken to assessing HMO proposals.
- 1.10. Policy M10, paragraph 5.100 of the Dartford Plan covers issues such as house conversions/garden land retention. It is anticipated supplementary policy may be necessary for residential proposals, which includes HMOs. This SPD addresses HMO related matters including:
- suitable locations in terms of sustainable development and infrastructure,
  - indications of when the clustering together of HMOs in a neighbourhood may be unacceptable in principle,
  - inappropriate loss of other uses and family housing due to HMO proposals,
  - evaluating the direct impact of HMOs in the locality,
  - and external and internal design and quality considerations for HMOs residents and existing surrounding local residents (for example issues including parking, bin storage and garden provision).
- 1.11. Supplementary policy to the Dartford Plan is necessary as the number of HMOs proposed and developed in the Borough has significantly increased since the Plan was originally drafted. There is evidence that cumulative impacts in some neighbourhoods are having wider and more severe consequences. Now, planning applications are expected to increase further as the Council has introduced Article 4 Directions<sup>1</sup>. These result in all proposed HMOs (whether small or large) needing to apply for planning permission.
- 1.12. Until recently across the Borough the change of use of a flat or house to an HMO had a nationally deemed planning permission. Conversions to HMOs with more than six occupants already required planning permission. The new rules under Article 4 directions in Dartford have removed that right<sup>Error!</sup> Bookmark not defined., therefore every new HMO proposal will be looked at carefully through the submission of a planning application. See Appendix A for the boundary plans showing the immediate and non-immediate Article 4 Direction areas. Permission is not required, however, to change from a small HMO (Use Class C4) back to a dwelling.
- 1.13. In planning legislation, **a House in Multiple Occupation (HMO) is a property occupied by three or more people, who share basic amenities at the property and do not live together as a single household.**

<sup>1</sup> At the time of producing this document it is not yet applicable in the southern part of the Borough but will be from 10<sup>th</sup> December 2026.

- 1.14. Separately, legislation categorises the use of a dwellinghouse as planning Use Class C3 defined as follows:
- Class C3: Dwellinghouses
  - Use as a dwellinghouse (whether or not as a sole or main residence) by-
    - a) a single person or by people to be regarded as forming a single household;
    - b) not more than six residents living together as a single household where care is provided for residents; or
    - c) not more than six residents living together as a single household where no care is provided to residents (other than a use within Class C4).
- 1.15. The term 'Class C3: dwellinghouse' in planning includes a self-contained flat.
- 1.16. It is not always the case that unconnected persons living in a dwelling have created an HMO. Note that the Use Class C3(b) and (c) categories set out above allow for a dwelling house to be shared by people who are not related/connected, where they can demonstrate that they are living together as a single household. Therefore, the use of an existing dwellinghouse as a shared house by unrelated people who live together would not require planning permission. National planning legislation does not require planning permission for changes within a Use Class, for example changing between Use Classes C3(a), C3(b) or C3(c) as set out above<sup>2</sup>.
- 1.17. This SPD will be applied where developments are found by the local planning authority to meet the planning definition of an HMO. When preparing or assessing proposals for HMOs, consideration will be given to the internal arrangements which might otherwise indicate that some or all of the HMO units in a building are in fact self-contained flats. More information is provided in the next section on the considerations that the Council as local planning authority will take into account on determining whether the application is a collection of self-contained flats rather than an HMO. Self-contained flats and co-living arrangements are treated differently under planning law and planning policy and therefore different considerations will be taken into account.

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## GROWTH OF HMOs IN DARTFORD

- 1.18. Dartford Borough has had a fast-growing population. This is particularly from new housing developments at urban locations and near public transport routes. The last Census showed Borough-wide there was a 19.9% increase in population from 97,400 in 2011 to 116,800 in 2021. This was the second largest percentage increase in England; and significantly higher than the South East (7.5%) as a whole.
- 1.19. Dartford's ongoing growth through new housing sites has masked a more recent acceleration in the number of people living in existing dwellings. Residential intensification has occurred from conversions of properties, particularly to HMO use. There are strong indications of significant increases in HMOs in the years since the 2021 Census.
- 1.20. Like much of the country, Dartford is facing housing cost pressures. The cost of buying a house in Dartford has more than doubled in the 20 years to 2024 (106.5% increase, above the county and national average increases). Private housing rents in Dartford are also above average both nationally and in the South East: the average monthly private rent in Dartford was £1,531 in September 2025.

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<sup>2</sup> However, (C3(b) and C3(c) uses may fall within the definition of an HMO under the Housing Act 2004 and therefore may be subject to requirements outside of planning legislation.

- 1.21. A mix of properties with varied housing options is an essential part of a well-functioning area. It provides residents with a range of different housing typologies, tenancies and costs to support various housing needs, living situations and preferences. As part of this mix, an appropriate level of HMO provision can play a role in certain locations; however as with all other housing types this requires guidance and management to avoid undermining the mix of housing types and tenures and the priorities for growth. This SPD sets out criteria which converting buildings into HMOs or intensifying the use of existing HMOs should be considered against in order to ensure good quality accommodation for residents, and so that these harmful impacts are limited.
- 1.22. The Council is seeking to prioritise the provision of good quality new affordable housing to meet priority local needs. The Council is itself constructing good quality affordable housing. The Dartford Plan seeks for private developments to contribute to the provision of homes that are of appropriate tenure, properly managed and maintained, and focused on residents in the most acute need.
- 1.23. HMOs do not provide affordable housing that meets the national definition of affordable housing. In addition, most HMO developments do not contribute to the Borough's housing delivery figures, except for where the proposal involves a change of use from a non-residential use to residential.
- 1.24. Affordable housing as officially defined and provided cannot fully meet the accommodation requirements of everyone who would like or require a home in the Borough. Market rented housing, including HMOs, accommodate a significant proportion of population groups such as young adults leaving the family home/starting employment or some of the growing number of single person households. Oversight of private sector housing is particularly a necessity as low income or other vulnerable groups may be dependent on rented accommodation.
- 1.25. The need for cheaper rents does not diminish the need for a range of regulatory action to ensure quality is sufficient. The planning system can help complement requirements of other legislation, where planning permission is required. It is important to ensure that the impact of HMOs on neighbours and neighbourhoods is carefully considered. At a Borough wide scale, planning policy can also guard against a switch towards using significant parts of the local housing stock for one particular type of accommodation resulting in harms which could jeopardise Dartford's social, economic and environmental objectives, and harm the health and well-being of all residents.
- 1.26. Dartford is the most densely populated borough in Kent. As of 2024, Dartford had a population of 125,000 at a density of 17.2 persons per hectare<sup>3</sup>, significantly higher than the Kent average of 4.6. Density in the Borough has been driven by growth from development (both new dwellings and more intensive use of buildings for HMOs or other residential conversions) and a relatively high birth rate. Additionally, projected population growth will increase population density further.
- 1.27. Density and housing character varies significantly within towns and neighbourhoods. This may reflect the type of housing, how accessible the area is (transport facilities), recent development, and historic factors, which are all important to the ability to absorb additional residents sustainably. The power of market forces may not take account of this and can mean new HMOs are proposed in those areas least able to accommodate them. Evidence in Dartford is that the recent acceleration of HMOs has been most pronounced in areas with high population densities, for example in the largely residential areas and older houses surrounding Dartford town centre. Data indicates a tendency for these

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<sup>3</sup> Office for National Statistics, 2024 Mid-year Population Estimates

neighbourhoods to suffer some of the worse incidences of noise complaints, parking stress and crime reports.

- 1.28. With recent rapid growth in HMOs in densely populated neighbourhoods in Dartford, there could be a risk of serious harms to well-being and quality of life where environmental, infrastructure and social capacity have reached their limit. Allied to this there is also a likelihood of new HMO 'spillover' as landlords seek more properties of the type they prefer for conversion, thereby becoming an issue widely across the Borough.
- 1.29. Evidence presented in support of adopting Article 4 Directions to manage proposed HMOs<sup>4</sup> shows in summary:
- There has recently been an evidenced substantial acceleration in identified HMOs. The recorded number of HMOs are only part of the increase within the Borough as other HMOs have occurred without advance notification (which could legally occur).
  - The identified growth of HMOs has principally been clustered within certain geographic locations. HMOs have mostly been in locations with already higher than average concentrations of housing and residents, many of which face socio-economic or local environmental pressures.
  - Data indicates that issues in these densely populated neighbourhoods often include crime, noise complaints, on street parking stress, and multiple deprivation factors, and are therefore prone to more severe adverse impacts from any further insensitive residential intensification.
  - Further issues arise in terms of infrastructure and service provision as HMO development is not planned for or anticipated in planning and infrastructure strategy. Any new HMOs are additional to new development identified to come forward and are therefore unsupported by the Dartford Plan and planned infrastructure improvements. For example, with unexpected population growth, oversubscribed public services may result for everyone in the locality.
  - Also, an expansion of a more transitional local population, only resident for a relatively short time, can reduce the sense of community and social cohesion. There could possibly be less focus by occupants or landlords on maintaining the quality and appearance of houses and the local neighbourhood than some other areas.
- 1.30. There are clear grounds for concern over the risk that further acceleration and concentration of HMO development pose.
- 1.31. With the prospect of a major increase in HMOs continuing, careful consideration is needed in terms of: suitability of the proposed HMO location; the extent of HMOs already in the locality; local infrastructure; the suitability and type of the dwelling for conversion to HMO; the design and quality of the proposal, and other local impacts.

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<sup>4</sup> Dartford Borough Council, Evidence for a direction(s) under Article 4(1) of the Town and Country Planning (General Permitted Development) (England) Order 2015 (as amended) relating to Houses in Multiple Occupation, 2025

## 2. APPLICABLE LOCAL PLAN & NATIONAL POLICY

### NATIONAL PLANNING POLICY IN DARTFORD

- 2.1. National planning policy seeks sustainable development, noting there are economic, environmental and social and objectives. These are intended to be addressed through a plan led system, based on proposals being decided primarily by applying principles in the Dartford Plan. Current national policy is mainly set out in the National Planning Policy Framework (NPPF) December 2024.
- 2.2. National policy has a strong focus on the quantity, type and design of housing accommodation developed, and recognising the needs of different groups and residents. Paragraph 96 of the NPPF 2024 “aim[s] to achieve healthy, inclusive and safe places” with:
- social interaction;
  - safe and accessible places, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion
  - healthy lives, through both promoting good health and preventing ill-health, especially where this would address identified local health and well-being needs.
- 2.3. Paragraph 135 of the NPPF 2024 states development should “function well and add to the overall quality of the area” and:
- be visually attractive as a result of good architecture, layout and appropriate and effective landscaping;
  - be sympathetic to local character and history, including the surrounding built environment and landscape setting,
  - establish or maintain a strong sense of place, using the arrangement of streets, spaces, building types and materials to create attractive, welcoming and distinctive places to live, work and visit;
  - optimise the potential of the site to accommodate and sustain an appropriate amount and mix of development (including green and other public space) and support local facilities and transport networks;
  - create places that are safe, inclusive and accessible and which promote health and well-being, with a high standard of amenity for existing and future users; and where crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion and resilience.

### THE DARTFORD PLAN (ADOPTED 2024)

- 2.4. The Local Plan in the Borough is the Dartford Plan, adopted 2024. The Dartford Plan contains the primary statutory policies applying to planning applications in the Borough. It contains a range of policies controlling the location and type of development in Dartford. A number of these apply to HMOs and residential proposals, albeit not exclusively focused on HMOs alone.
- 2.5. The Dartford Plan (development plan) remains the starting point for consideration of planning applications. However, SPDs and the NPPF are significant material considerations that can be factored in addition to policies of the Dartford Plan. The reasoned justification (supporting text) for each of the guidelines in this SPD outline the many policies in the Dartford Plan from which requirements for HMOs flow.

### Plan Strategy (overarching policy and objectives)

- 2.6. Strategic policies are set out in Chapter 2 of the Dartford Plan. The first three objectives (W1-W3) concern community wellbeing.

*W1. Achieving cohesive, safe, walkable and attractive neighbourhoods, with a real sense of place and vitality that reflects the area's heritage and potential, and whose residents enjoy a choice of homes suited to their needs and easy access to local everyday facilities, including education and healthcare.*

*W2. Improving health and wellbeing, and air quality arising from congestion, through reducing the need to travel by private vehicle, particularly by retaining and providing jobs, services, shops, community facilities and open space at suitable locations close to residential areas and where good public transport services are within easy walking distance.*

*W3. Providing well-designed new housing that is genuinely mixed, affordable and of varied tenure, sustainable, and promotes healthy living, to secure the quality of life of residents and the ability for them to continue residing at their home or within the Borough.*

- 2.7. Therefore, in terms of maintaining well-being, HMOs and other development should aim for easy access to local facilities, a location with good public transport, be well designed and healthy, and part of a mix of housing which secures quality of life for residents. Policy S1 of the Dartford Plan establishes the fundamental principles about where any development should occur:

#### *Policy S1: Borough Spatial Strategy*

1. *Sustainable development will occur at planned locations in the Borough to meet assessed needs, securing new infrastructure provision and brownfield land re-use, creating neighbourhoods resilient and adaptive to climate change. Development should provide a diverse and complementary balance of uses and services within settlements, and minimise the necessity to travel by private vehicles.*
2. *Growth will be located at strategic allocations, sites in the identified housing land supply, and in line with the economic strategy. Development is directed to:*
  - a. *Brownfield land not within the Green Belt; and*
  - b. *Sites with good access by public transport and walking/cycling to a range of local supporting services/infrastructure.*
3. *The overriding priority for development in the Borough is at:*
  - a. *Central Dartford; and*
  - b. *Ebbsfleet Garden City These growth locations will be regenerated with the provision of new and improved infrastructure and strategic mixed use development.*

- 2.8. Dartford's strategic policies have a very clear focus on the appropriate location of residential development. In Policy S1, Criterion 1 and 2, and Policy S5 on Sustainable Housing Locations (part one) development is directed towards 'planned locations' and/or 'sites in the identified housing land supply'. The principle is established from the outset that development should be as pre-identified and at locations as per the Dartford Plan.

- 2.9. Under Policy S5 the policy is for residential development to show benefits outweigh the disbenefits, including taking account of the location's sustainability (unless sited in/around Dartford town centre

i.e. the defined Central Dartford area, or at Ebbsfleet) applies. As HMOs can often be an intense form of land-use, with multiple residents in one house, their location should take particular account of the sustainability and environmental impacts.

### *Plan Strategy (Central Dartford & Ebbsfleet and Swanscombe)*

2.10. In Chapter 3 of the Dartford Plan, several important requirements are set out for the specific area of Central Dartford, including:

#### *Policy D2: Central Dartford Development Principles*

1. *Development proposals in Central Dartford should:*
  - c. *Support the creation of a neighbourhood community with a mix of residential types and tenures.*
  - d. *Ensure integration of the scheme into the wider setting and movement patterns, including creating safe public open spaces and/or new pedestrian friendly streets. The sense of security of spaces and streets must be ensured, including for converted or extended buildings where features such as providing front doors onto safe spaces and streets are expected.*

2.11. The same chapter also sets out Policy D3:

#### *Policy D3: Central Dartford Mix of Uses*

2. *It is expected that residential development will occur in Central Dartford principally through:*
  - a. *Allocations identified in policies D4, D5, D6, and D7;*
  - b. *High quality conversion/extension of upper floors or under-used buildings; and*
  - c. *New residential developments in the housing land supply, located in accordance with Policy D7, or additional sites demonstrated to be suitable under D2 and other policies.*

2.12. Chapter 4 of the Dartford Plan (Ebbsfleet and Swanscombe) also outlines:

#### *Policy E2: Ebbsfleet Garden City Development Principles*

1. *Development proposals in Ebbsfleet Garden City should:*
  - a. *Offer a genuine variety of types and tenures of homes that allows people from all communities to live in the area;*

2.13. Chapter 4 also features a specific policy at Swanscombe, a town that – whilst encircled by the Garden City – has very distinct needs of its own, with the requirements established in its own focused policy. This is provided in full here:

#### *Policy E3: Swanscombe*

1. *Swanscombe will retain and improve its distinct identity and positive characteristics, including the popular residential core, generous sized open spaces and approaches, and the local High Street.*
2. *The following principles will apply:*

- a. *Facilities, including at the well-established High Street District Centre and other locations within Swanscombe, will be retained/improved;*
- b. *Environmental and infrastructure enhancements, including to upgrade public transport and walking and cycling connections, will be sought; and*
- c. *Existing single family dwellings will be retained, and proportionate redevelopment for new family homes will be supported at small brownfield sites.*

- 2.14. In summary, specific policies are provided for many different parts of the Borough, complementing Policies S1 to S5. The issue of quality and safety of all forms of development is pivotal in Central Dartford and will form a primary consideration in any HMO proposal. Key sites in Central Dartford are covered by detailed individual proposals, namely the areas in Policies D4 to D6, where substantial new build development is proposed for specific uses not including HMOs (which will be resisted accordingly as contrary to devoted site allocation policy).
- 2.15. Similarly, HMO uses are not planned for in Ebbsfleet Garden City or in Swanscombe. At Swanscombe, as well as impacts from Ebbsfleet, it faces challenges including a particular shortage of family sized accommodation and therefore policies of the Dartford Plan mean HMO proposals would generally be inappropriate.

#### *Plan Development Management (Topic) Policies*

- 2.16. Chapter 5 of the Dartford Plan provides Borough-wide policies with additional criteria on issues such as design and density, air quality, water efficiency, amenity space and conservation.
- 2.17. For example, the first part of Policy M10 requires: *“Development must maintain a range of dwelling sizes and sufficient garden land, retain or enhance the character, local environment and amenity of established residential areas, and achieve satisfactory quality of development.”*
- 2.18. Criterion 2 of Policy M10 states development resulting in unacceptable loss of garden land will be refused, and harm must not result individually or cumulatively from loss of diversity of the housing stock in the borough or erosion of local character.
- 2.19. Other parts of Policy M10 and associated text note particular issues with changes to terraced homes for instance. Specific potential impacts of developments are noted including additional noise, increased activity and more refuse and recycling bins kept on-street to serve the individual households.
- 2.20. Further Borough-wide development management policies in the Dartford Plan provide additional criteria when considering planning applications for HMOs including design and density, air quality, water efficiency, garden/amenity space and conservation. Policy M15 seeks to prevent excessive pressure for on-street parking and Policy M16 addresses off-street parking requirements, amongst other transport considerations.
- 2.21. Therefore, a number of detailed management policies in the Dartford Plan may apply to HMOs and other proposals; many are addressed directly through the following policies. It remains necessary to consider all policies in the Dartford Plan that may be relevant, in addition to using this SPD.

### 3. SPD POLICIES FOR CONSIDERING HMOs

- 3.1. In applying policies in this SPD the following definitions of uses should be referred to for clarity and consistency.

#### DECIDING WHETHER THE PROPOSED USE IS AN HMO

- 3.2. The starting point is to consider whether the development proposed falls within the definition of an HMO. The proposal may be considered as falling within one of the newer models of shared living accommodation emerging or rooms could be considered as self-contained studio flats, bedsits or a hostel. Some of the other types of multi-occupancy residential accommodation are set out below.

#### *Larger scale shared living accommodation*

- 3.3. The draft NPPF 2025 provides a new definition for large-scale shared living accommodation:

*Non-self-contained accommodation which provides private rooms alongside shared communal spaces and facilities. This type of accommodation does not constitute self-contained dwellings (use class C3), HMOs, student accommodation, hotels, or other residential institutions. Tenancies should be for a minimum of 3 months.*

#### *Class C3 dwellinghouses: shared accommodation*

- 3.4. Class C3: Dwellinghouses

*Use as a dwellinghouse (whether or not as a sole or main residence) by—*

- a) a single person or by people to be regarded as forming a single household;*
- b) not more than six residents living together as a single household where care is provided for residents; or*
- c) not more than six residents living together as a single household where no care is provided to residents (other than a use within Class C4).*

The term 'dwellinghouse' in planning includes a self-contained flat in respect of the Use Classes Order.

- 3.5. Considering whether a dwelling is a shared house under Class C3 (b) or (c) or constitutes an HMO requiring planning permission is a matter of fact and degree. The following are some of the factors that the Council will consider in reaching a decision on the planning use, these do not exclude other factors also being considered where appropriate:

- whether the persons living in the house came to it as a single group or whether they were independently recruited;
- what facilities were shared;
- whether there is communal living taking place;
- whether the occupants were responsible for the whole house or just their particular rooms;
- whether individual tenants were able to lock other occupiers out of their rooms;
- whose responsibility it was to recruit new occupiers when individuals left; who allocated rooms;
- the size of the property;
- how stable the group composition is;
- how the property maintenance is managed, e.g. who puts the rubbish out, cleaning etc;
- how bills are split/shared.

### *Houses in Multiple Occupation*

- 3.6. HMOs are considered to be properties where individuals share basic amenities such as a kitchen or bathroom but do not live as a single household.
- 3.7. Where HMOs are converted from commercial buildings the applicant will need to demonstrate that the conversion is to a property where basic amenities for residential living are provided and shared, and it is not a collection of self-contained units. Such a conversion may also fall to be considered as a larger scale living accommodation.

### *Self-contained dwellinghouses Use Class C3*

- 3.8. Considering whether a unit of accommodation constitutes a self-contained dwellinghouse under Use Class C3 is a matter of fact and degree.
- 3.9. The following are some of the factors that will be considered by the Council in determining whether units within a proposed HMO actually fall to be considered as conversion to self-contained units.
- 3.10. A room in a building will be considered a self-contained unit rather than a room in an HMO where:
- it has its own secure entrance, which is not accessible by others in the building
  - it has its own bathroom/shower room facilities and/or there is a lack of communal bathroom facilities in the property
  - it has kitchen facilities including a fridge and permanent (i.e. not portable) cooking facilities
  - the communal facilities in the property do not provide any additionality to the facilities in the room with the exception of laundry facilities and storage space (provision of a shared laundry room and storage space is not unusual in a small block of flats)
  - the occupation of the accommodation is “akin to occupation by a single household”
  - it has separate utility bills to other units of accommodation in the building
  - there are no shared bills other than communal maintenance
  - there is separate Council tax billing for the unit
  - a separate street naming and numbering record has been set up
  - there is separate waste provision for the unit
- 3.11. Also to be taken into account in considering whether a property is an HMO:
- The “communal Kitchen” does not provide maintained and useable cooking, laundry and fridge/freezer facilities.
  - The external amenity space is not accessible by all of the HMO residents.
  - The kitchen is not large enough for a dining table/eating space.
  - There is no internal communal space other than a small kitchen, utility or laundry room.
  - Room sizes – if a large bedroom then more likely to be self-contained, especially if combined with a lack of internal communal spaces.
  - The nature of the tenancy agreements.
  - Private sector licensing details.

## H1: SUSTAINABLE HMO LOCATIONS

**HMO development should demonstrate benefits outweigh disbenefits, based on the Dartford Plan and other policies, applying Clauses 1 and 2 below (and the rest of this SPD):**

- 1) Proposals for HMOs are unplanned development, and assessment of impact will take into consideration that proposals have not been accounted for in infrastructure planning or the sustainable level of development identified in the Local Plan for the Borough. It is essential that development should be located sustainably with supporting infrastructure available as applicable to the scale of the proposal:**
    - a) HMOs with 6 or more occupants should be located within a 400-metre safe and convenient walking distance of a convenience store or designated retail centre, and a GP surgery or hospital; and within an 800-metre safe and convenient walking distance of a railway station or bus/Fastrack stop.**
    - b) HMO developments for 10 or more occupants, or for larger shared living accommodation, will be resisted unless specifically demonstrated to have acceptable impacts on the settlement, local neighbourhood and infrastructure. In any event, development of this scale in a village or outside a settlement is unlikely to be acceptable in impact or proportionate and will be resisted.**
  - 2) HMO developments should accord with the Dartford Plan's Borough Spatial Strategy (Policy S1), and with proposals only appropriate if shown clearly to address the specific needs of towns and the locality:**
    - a) In Central Dartford, development establishing any new HMO must show how it has been designed to a high quality (particularly in respect of ensuring safe resident/pedestrian access and designing out crime as well as mitigation of impacts from the commercial uses below) and positively contributing to a secure neighbourhood community with a suitable mix of residential types, as part of demonstrating if benefits may outweigh disbenefits.**
    - b) In Ebbsfleet Garden City, development establishing any new HMO must contribute to the variety of housing stock for all communities, including through supporting the accommodation needs of employees in the borough.**
    - c) In Swanscombe, development resulting in the loss of a family dwelling is a substantial disbenefit and will be resisted.**
- 3.12. Policy H1 applies the Dartford Plan's strategic approach to location, infrastructure and sustainable development when assessing the location of HMOs. Its approach comes from Policy S1 on the spatial strategy for the Borough (e.g. H1 part 1a) and part 1b is structured on, and with thresholds from, policy S5 criteria 2b and 2c.
- 3.13. HMOs can result in a more intensive form of residential occupation compared to family dwellings, arising as unplanned windfall proposals. Therefore, new HMOs and proposals that materially increase the number of HMO occupants should be assessed against whether the benefits of the development outweigh the disbenefits when evaluated against the Dartford Plan and national policy; and with additional criteria depending on location, size and impact. The threshold of 6 or more occupants considers the national definition of small and large HMOs but also takes account of the likely maximum family size in a 3-bedroom house.
- 3.14. Borough wide (including outside of Central Dartford and Ebbsfleet Garden City), the Dartford Plan places emphasis on development being located where there is good access by public transport and walking and cycling to a range of local supporting services and infrastructure (Policy S1, Criteria 2

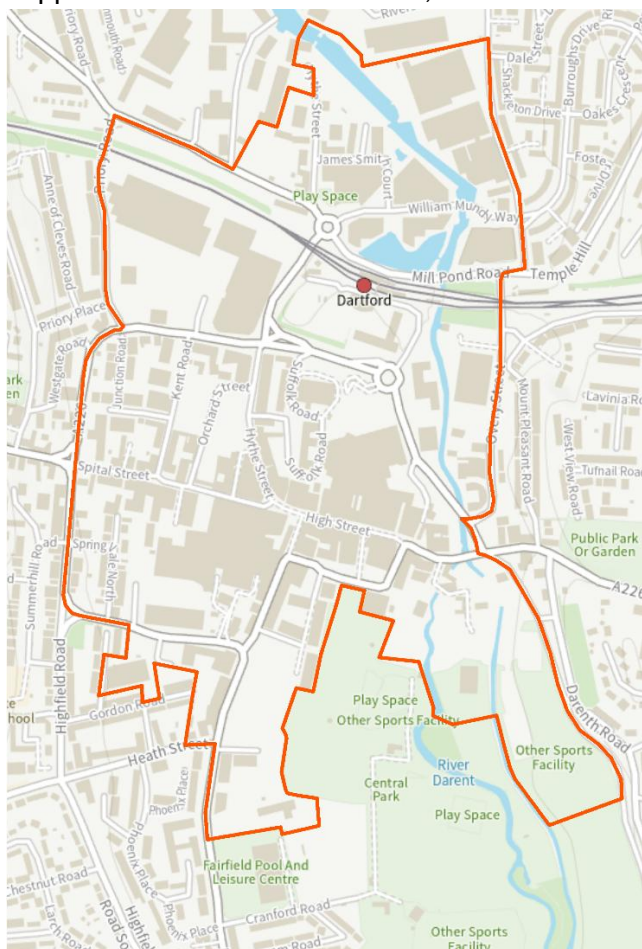
and 3). Development in less accessible areas is unlikely to accord with the planned spatial strategy and may introduce a disproportionate level of residential intensification and vehicle use. National policy may also attach weight against inappropriate development in such areas.

- 3.15. HMOs commonly arise outside of the plan-led housing supply and are therefore unlikely to have been considered in infrastructure planning in the same way as strategic housing allocations for example. Policy S2 requires development to be co-ordinated with existing and new infrastructure and located where communities have good quality and sustainable access to day-to-day facilities, jobs and public transport. Clause 2 of H1 above ensures that increased HMO occupation is considered alongside the anticipated demand it may place on local services and infrastructure. Consideration should also be given to Dartford's Settlements & Sustainable Locations SPD<sup>5</sup>.
- 3.16. HMOs nearly always arise through conversions, creating intensified use of existing dwellings or conversion of properties in other uses within the urban fabric. Extra residential development or population growth resulting is unlikely to benefit from capacity being made available for additional residents, as it is through planned development, stretching services for everyone. Unanticipated related population and infrastructure demand from HMOs may not be addressed until several years later. Therefore, continued increases in the occupancy levels of dwellings and commercial buildings within towns or villages will likely occur without action by service providers, risking the exacerbation of existing infrastructure problems. Policy S2 expects development to be coordinated with infrastructure and located where there is good, sustainable access to services and jobs. Thus, new HMOs and intensification of existing HMOs must be tested against those requirements.
- 3.17. Readily walkable proximity to a range of community facilities is necessary and must be along a highly usable and good quality route. Locating development with reference to the walking distances to services and public transport in H1(a) promotes choice of travel mode and reducing the need to travel, and are a practical benchmark aligning with the Dartford Plan.
- 3.18. Policies S1(11) and S5(2) of the Dartford Plan set out the need for development within the Borough's villages to be of proportionate scale and on non-Green Belt land. H1 Clause 1(b) applies this approach by recognising that HMO proposals for 10 or more residents within a village setting are unlikely to be proportionate, having regard to the scale and intensity of occupation and the likely effects on local character, amenity and infrastructure. Such proposals will therefore generally be resisted unless it is clearly demonstrated that they would accord with the Borough's spatial strategy and not give rise to unacceptable impacts.
- 3.19. H1 Clause 1(b) recognises proposals for ten or more HMO bedrooms can resemble a significant residential scheme in terms of the effects related to occupation, movement and the impact on local infrastructure. Consistent with Policies S2 and M16, applicants should demonstrate acceptability of local infrastructure impacts. In some instances, developments may be able to address issues, for example supporting the enhancement of walking and cycling routes to ensure the sustainable operation of large HMOs. Improvements should help deliver the Dartford LCWIP and subsequent initiatives and requirements as set out by the local planning and transport authorities (DBC/EDC and KCC).
- 3.20. Clause 2(a) above is a direct expression of Policies D2 and D3 of the Dartford Plan, which support a mixed and well-functioning Central Dartford area (see Figure 1), with a range of residential types and tenures and high-quality development that integrates with existing movement patterns and local

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<sup>5</sup> Dartford Borough Council, Settlements & Sustainable Locations Supplementary Planning Document, 2026

services. Central Dartford may be capable of accommodating a new HMO where it meets the regeneration strategy outlined in Policy D1, and where it positively contributes to housing choice, design quality and neighbourhood function. In particular, proposals should demonstrate a high standard of design in relation to safe and convenient access, natural surveillance, appropriate window placement and outlook for occupants. Applicants should ensure that the proposal explains how it has been designed to a high standard, broadens the range of accommodation available and supports the creation of a mixed, safe and sustainable neighbourhood community.



**Figure 1: Boundary of Central Dartford area in the Dartford Plan**

- 3.21. Clause 2(a) also reflects Policy D2(1)(d) of the Dartford Plan, which requires development in Central Dartford to integrate with the wider setting and movement patterns, create safe public spaces and pedestrian friendly streets. The sense of security of spaces and streets must also be maintained, including in the case of conversions/extensions to existing buildings. Particular regard will therefore be had to the quality of access arrangements, including whether entrances/approaches are safe and convenient. Applicants should demonstrate how proposals have been designed to provide natural surveillance, appropriate window placement and outlook, and avoid features that could contribute to crime or antisocial behaviour.
- 3.22. Ebbsfleet Garden City is identified as a planned growth location, with Policy E2 of the Dartford Plan setting out how to apply specific principles of development within the area. Proposals for HMOs in this area are not anticipated and must demonstrate that they provide an appropriate form of housing variety and do not undermine the strategy and design vision set for the Garden City (through Policy E1 of the Dartford Plan, for instance). In applying Criterion 2(b), regard should also be had to Policy E2, Criterion 1(a) of the Dartford Plan, which supports a variety of housing stock for all communities, including to assist in meeting the needs of employees in the Borough. This is relevant given the

proximity of major employment destinations in the north of the Borough, including identified employment areas and major service facilities.

- 3.23. Policy E3 of the Dartford Plan seeks to retain and improve Swanscombe's distinct identity. Moreover, existing single-family dwellings should be retained, with redevelopment for new family homes supported at suitable small brownfield sites. When applying Clause 2(c), the Council will attach significant weight against proposals that would convert a family dwelling into an HMO use within Swanscombe. The applicable area is land encircled by (but not within) the EDC's administrative area, as shown on Diagram 10 of the Dartford Plan.

## H2: HMO OVER-CONCENTRATIONS

**HMO developments should not result in an over-concentration of HMOs, including where:**

- 1. Development creates a new HMO where a total of 10% or more of residential dwellings within a 50m radius from the proposal site exist or result in HMOs; or**
- 2. Development results in any single Class C3 dwellinghouse being 'sandwiched' between two or more HMOs on that same street, or**
- 3. Development to extend or intensify an existing HMO in a 'run' of three or more HMOs (i.e. adjacent continuously in the street).**

- 3.24. The Dartford Plan seeks well-functioning and mixed communities. This means an overconcentration of HMOs needs to be prevented and directly tackled, informed by local evidence of clustered HMO growth and consistent with objectives on amenity protection and housing stock. Development must be in line with Policies M1 (Good Design for Dartford), M2 (Environmental and Amenity Protection) and M8 (Housing Mix) of the Dartford Plan.

- 3.25. Evidence produced by the Council recorded a concerning further acceleration in proposed HMOs, therefore additional planning controls and guidance is necessary to ensure clear and effective consideration of proposals by the local planning authority to manage the cumulative effect on residential areas within the Borough.

- 3.26. When applying H2, the Council will only take into account HMOs that are known to be lawful and evidenced as such. This includes HMOs that are licensed where required, along with HMOs that otherwise have planning permission or have been confirmed as lawful by the Council. Alleged, unlicensed or unverified HMOs will not be counted for the purposes of assessing overconcentration.

- 3.27. The criteria above in H2 focus on overconcentration: where local areas are at, or would go, over a point where the number of HMOs would saturate the neighbourhood. HMO proposals have tended to cluster on certain localities, partly due to focusing on conversion of particular types of housing stock. This has resulted in unacceptable cumulative impacts, with multiple HMOs in close proximity generating high levels of activity, disturbance, refuse and parking stress, often in already dense residential areas with high infrastructure demand.

- 3.28. To identify when an overconcentration is occurring, H2 clause 1 applies a percentage threshold within a defined radius of the application site. This is about cumulative impacts in the wider area and provides a practical indicator for over-saturation within a neighbourhood level to prevent an adverse overconcentration of HMOs. The percentage threshold is set at a level which will not prevent some

additional HMOs in most areas from the current level, but will be effective in preventing excessive new proposals from clustering in any one area.

- 3.29. Properties will be counted using the mapped centre point of each residential property. This means the radius is measured from the centre of the application property; properties which are all or only partially covered by a 50m radius should be included when calculating the 10% threshold. Where a building contains multiple self-contained addresses (i.e. a block of flats), each residential address point counts as one property when calculating the overconcentration percentage. This criterion will be applied for proposals to extend an existing HMO, if the threshold is already breached, alongside other SPD policies to ensure any cumulative impacts are addressed.
- 3.30. Clause 2 recognises that material harm may result in harm to the amenity of adjacent neighbours, which can arise for an unbroken run of HMOs or where an existing dwelling is “sandwiched” between HMOs. This is an additional safeguard on the localised impacts for neighbours on a particular street. Furthermore, Clause 3 is necessary to avoid creating a run of three HMOs in succession even where there are limited breaks in the building line. This also applies for HMO expansion proposals where intensifying issues through development at a property are already part of an over concentrated run of HMOs. This includes both physical expansion of an existing building and internal works resulting in additional HMO bedrooms or increased occupation.
- 3.31. The site boundary should be used to assess adjacency. An overconcentration is unlikely to occur where a two-vehicle width public highway breaks adjacency but can occur where there are moderate breaks in the building line (including access tracks or private drives within the curtilage of a property).

### H3: UNSUITABLE HOUSE TYPES

**HMO development should not occur at an inappropriately sized or type of house unsuitable for intensification, or result in the loss of a dwelling from essential housing stock.**

- 1. All proposals should be designed such that residential amenity and neighbourhood character will not be adversely impacted. This is unlikely to be possible at certain properties/typologies, such as mid-terraced properties and properties under 120sqm. HMO development would accordingly be resisted.**
- 2. Proposals creating a new HMO at an original two or three-bedroom house where there is a school within an 800m walking distance will be resisted.**

3.32. Criteria in H3 provide guidelines on whether the host dwelling is suitable 'in principle' for HMO use and how proposals will be assessed where they affect the Borough's housing stock. It supports policies in the Dartford Plan for development management and aligns with Policy S1 by helping to maintain existing neighbourhoods that support the Borough's economic strategy, ensuring existing family home stock is not eroded by ad-hoc HMO proposals. The approach is also sought supported by evidence that harm to amenity is occurring from HMO growth in neighbourhoods in Dartford with a concentration of terraced properties or with a high density of houses. Some neighbourhoods in Dartford are largely characterised by terraced housing stock (for example, the proportions of homes in Newtown and Swanscombe recorded in the 2021 Census as terraced amounts to 56.5% and 49.4% respectively).

3.33. There are particular concerns over unplanned changes in the use of the Borough's housing stock. Dartford is distinctive in becoming an increasingly popular area for families with a younger population on average (the only authority in the region in the 2021 Census) which can be related to high levels of employment and the steady transition in the performance of the Borough's economy, which need to be maintained. The 2021 Census showed the average age of a Borough resident was 37.4 years, compared to 41.6 years in Kent as a whole, and one of the fastest growing parts of the country in terms of increase in the child age population. With a greater proportion of people in their 30s and 40s than average for a Kent local authority, the demand for three-bedroom family houses for instance in Dartford is likely to be very substantial.

3.34. Properties that are able to accommodate medium sized households and families with younger children are therefore important to maintaining the borough as an increasingly prosperous area with an active labour force supporting business, and sustaining Dartford's good quality schools. These households laying down roots in the area also contribute to the social fabric of neighbourhoods.

3.35. Clause 1 identifies the need for appropriate design in relation to the housing type. Some house types are typically unsuitable for HMO conversion because of their layout and design fundamental characteristics. This reflects Policy M10, clause 4 of the Dartford Plan, which addresses the conversion of smaller dwellinghouses, including single dwellinghouses of 120sqm or less. Features such as the proximity of neighbours, limited access arrangements and the overall density of population mean they are unable to deliver usable or acceptable living arrangements for HMO residents or neighbours. For instance, mid-terraces and other small dwellings often cannot mitigate noise and nuisance felt by residential neighbours of HMO, and are unable to provide necessary provision for refuse/recycling and vehicle parking/bicycle storage generated by an HMO acceptably within the street scene. It can lead to direct and adverse impacts on neighbours and erosion of residential character, blighting a street or locality.

- 3.36. Given the outcomes that can be expected at unsuitable houses, this stock is also inappropriate in principle for HMO or expansions. Policy M10's final sentence states: *'The conversion of terraced houses will not be permitted unless demonstrated to result in beneficial outcomes for both townscape character and residential amenity of both new and existing surrounding residents.'*
- 3.37. In some cases, there may be fewer disadvantages in terms of local amenity impact where a proposal relates to a detached dwelling, or where both properties in a semi-detached pair are in an HMO use or are proposed to be converted. This is because such arrangements may reduce some direct impacts on adjoining single-family dwellings, particularly in relation to noise transmission and the intensification of day-to-day activities. However, this does not indicate that such properties are suitable in all cases, and they should not be those that fall within the family housing definition (see paragraph 3.40 below) relevant to Clause 2 of this policy.
- 3.38. The housing need evidence<sup>6</sup> base for the Dartford Plan found that across a range of tenures including market housing (which incorporates private renting such as HMOs) the greatest demand over the plan period is for three bedroomed properties, with the lowest requirement being for one-bedroom dwellings.
- 3.39. There has been particular pressure in some affordable areas for current family houses to be targeted for conversion and extension into HMOs with a consequential impact on the loss of this important stock, and groups such as parents with children and some first-time buyers. Proposals should avoid the loss of dwellings where this would materially undermine the provision of an appropriate mix of housing types (see Dartford Plan, Policy M8).
- 3.40. The conversion of family housing due to HMO pressures in a neighbourhood must not cumulatively deplete the overall stock relied on to ensure an appropriate Borough diversity of residential accommodation (see supporting paragraph 5.106 of the Dartford Plan) as set out in Clause 2 above. Protected family homes relevant to this policy are original<sup>7</sup> two or three-bedroom houses benefiting from a reasonable walking distance of a school (800m). In this context, 'school' means all mainstream primary and secondary schools. This reflects the importance of retaining housing stock suitable for families with children, who may rely on reasonable access to education services.
- 3.41. Larger houses than this may be less unsuitable for conversion, and may no longer be affordable in many locations for a significant proportion of households.

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<sup>6</sup> Dartford and Ebbsfleet Housing Need Assessment (HDH, 2019)

<sup>7</sup> For the purposes of this policy, "original" means the house as existing on 1 July 1948, or as first built if constructed after that date, as defined in the Town and Country Planning (General Permitted Development) (England) Order 2015

#### H4: HMO PARKING PROVISION

**HMO development should demonstrate provision of sufficient quantity and quality of motor vehicle and bicycle parking which meets the needs of the users. The required parking provision shall take into account the increase in occupants resulting from the proposal. It shall also take into account the notional parking requirements for the existing lawful use of the property at the time of the application and the existing parking provision on site.**

- 1) Vehicle parking is expected to be provided with regard to:**
    - a) The parking requirement for the existing lawful use.**
    - b) The existing and potential parking provision on site taking into account the space requirements for waste storage.**
    - c) The loss of on-street parking spaces due to the provision of on-site spaces.**
    - d) The degree of parking stress on local streets and whether parking management arrangements are in place sufficient to manage the projected additional on-street parking that could be generated by the proposal.**
    - e) Where applicable, the quality of non-vehicular transport options for particular locations in the urban area. If there is demonstrated to be convenient and safe walking and cycling routes to railway stations or well served bus stops, and proximity to retail and employment centres identified in the Dartford Plan, and access to other well used services and local infrastructure (for example GPs), this may change the necessary level of provision.**
    - f) Impact on the street scene and retention/provision of residential garden land from parking proposed at the property. This will take account of the quality and extent of landscaping/garden that will be secured or retained. Where it is not possible to avoid material adverse street scene and garden loss impacts from necessary parking provision, particularly on designated and non-designated heritage assets, HMO development would accordingly be resisted.**
    - g) Parking provided on-site will be required to be made available to the occupants of the HMO only and for no other users unrelated to the HMO occupation.**
  - 2) HMO developments should feature adequate dedicated provision for cycle storage, at a level of one cycle space or more per bedroom. Cycle storage areas will need to be secure, covered and sensitively designed and sited to reduce the impact on neighbouring residents and the street scene, but with a clear, convenient and level route available to the public highway and direct easy, level access from the HMO entry/exit point to the cycle storage for all occupants. Proposals with inadequate quantity or quality of cycle parking are likely to be resisted.**
- 3.42. Requirements in H4 help guide consideration of HMO proposals, and to ensure parking provision suitably reflects the location, proposed residential intensity, the level of vehicle use and parking space impacts, as well as demonstrating adequate provision for cycle storage.
- 3.43. Development should align with Policy M16 of the Dartford Plan (Active Travel, Access and Parking) and consider the necessary vehicle and bicycle parking provision. Vehicle parking requirements are based on rooms in an HMO rather than occupants (as, for example, rooms occupied by a couple are likely to have only 1 car).

- 3.44. The quantitative guidelines for vehicle parking to be applied as part of Clause 1 above are:
- **South of the A2: 1 parking space for every occupied room within an HMO**
  - **North of the A2: 1 parking space for every 2 occupied rooms within an HMO; apart from where at Central Dartford** (as defined in the Dartford Plan): considered on a case-by-case basis.
- 3.45. Regard can be had that HMOs typically accommodate several adults, but they may have differing travel to work needs or car ownership levels to many other Borough residents. This is especially in locations with safe and convenient walking and cycle routes, or where well served by public transport, e.g. much of Central Dartford.
- 3.46. The number of vehicle parking spaces as a starting point should be considered as a minimum. The notional parking requirement of the existing lawful use of the property will be considered (using the Borough's existing parking standards) together with the parking spaces provided. The following worked examples are provided to illustrate:
- Proposal at a 3-bedroom house north of the A2 (urban area outside of Central Dartford) would currently require 1.5 parking spaces for the single dwellinghouse. Based on the criteria above, a proposed conversion to a 5-bedroom HMO would require 2.5 parking spaces. Therefore, a net total of 1 additional space will need to be provided within the site to meet the HMO use where there are 1.5 spaces provided for the existing use.
  - Proposal at a 4-bedroom house south of the A2 would currently require 2 parking spaces. Based on the criteria above, a proposed conversion to a 6 room HMO would require 6 parking spaces. Therefore, a net total of 4 additional spaces will need to be provided within the site to meet the HMO use where there are 2 spaces provided for the existing use.
- 3.47. Policy M15 (Travel Management) requires developments to avoid localised residual impacts on the highway network. Where streets are already near full capacity, there is a risk that intensification can displace parking and create highway and amenity impacts. An on-street audit/survey could be supplied along with a statement detailing parking stress on local streets and the accessibility of the site to help assess matters detailed in Clause 1.
- 3.48. As set out in Policy M16, planning applications for potentially inappropriate loss of gardens for parking will be closely examined, given highway and environmental impact. This is especially where the setting of the site includes designated and non-designated heritage assets (Policies M5 and M6 of the Dartford Plan). Where parking necessary for the HMO use would cause material harm to safety, the street scene or unacceptable garden loss, applications may need to be refused under Clause 1.
- 3.49. Under Clause 2 above, cycle stores will need to be sensitively designed and sited to reduce the impact on neighbouring residents or the street scene. Cycle storage should be shown on a site plan as part of the planning application. The submitted site plan must also show the location, size of the cycle storage area and elevations must be provided of the store design. Occupants should not be expected to have to bring the bike through the HMO property from a rear cycle store. External access should be possible. Spacious access should be provided for all occupants of the HMO and there should be safe and convenient access to the public highway. The design of provision is addressed further later in this SPD.

## H5: HMO ACCOMMODATION QUALITY AND AMENITY OF NEIGHBOURS

**HMO development should demonstrate careful consideration to internal layout and design, ensuring quality of life of HMO residents and neighbours, respecting the need for privacy and tranquillity, and avoiding noise, intrusion and disturbance. Development should also:**

- 1. Ensure conversion of the building would not result in occupied rooms adjacent to bedrooms in neighbouring attached properties. Where this occurs in close proximity, or if communal rooms, or circulation areas (including stairwells), share a party wall with a bedroom at first floor and above in a neighbouring property in use as a single dwellinghouse, the proposal will be resisted unless adequate noise mitigation is evidenced.**
  - 2. Be designed to support the privacy and amenity of residents of the HMO through the use of noise insulation measures between rooms, such insulation to be required as part of the planning permission where this is beyond normal Building Regulation requirements.**
  - 3. HMO development should, where the property is adjoined to a single family dwellinghouse, submit details of noise insulation to prevent noise transference to adjacent bedrooms from occupied HMOs.**
    - a. This must be supplied on submission of the planning application. Where necessary, a condition requiring sound reduction measures may be included in a planning permission for new HMO developments, where the requirements are beyond the noise insulation required under Building Regulations.**
    - b. Proposals are likely to need consideration over whether the use of additional soundproofing and/or other features such as soft-closers on doors, sound-deadening materials on stair treads, and bathroom sanitary ware designed to minimise noise transmission, is necessary.**
- 3.50. H6 gives effect to the Dartford Plan's requirement for development to be well designed and provide a high standard of amenity for both occupants and neighbours (Policies M1 and M2), providing effective mitigation where necessary. These two policies underline Policy H6's focus on the relationship between internal rooms, stacking and appropriate acoustic levels for occupants and neighbours. A package of design and layout interventions, and equipment with mitigating features, are likely to be sought.
- 3.51. HMO rooms are occupied as the sole space for the occupants to live their lives and therefore activities that may be carried out in a ground floor living room in a family home are carried out in a first or second floor room. Everyday activity is materially more audible through party walls particularly in older housing stock and where chimneys have been removed. Placing HMO rooms directly adjacent to neighbouring bedrooms typically results in disturbances. If such rooms were to be in close proximity resulting in unacceptable impacts, refusal is likely under Policy M2 unless there is evidence that noise mitigation can prevent such harm to neighbouring residents.
- 3.52. It is common for unrelated adults to have unsynchronised routines. This could negatively impact internal and external amenity by increasing activity levels, contrary to Policies M1 and M2. Where a conflicted layout remains, an explanation for why alternatives are not feasible must be provided and may weigh against the scheme.

- 3.53. Considering that most HMOs are converted from existing single-family dwellings, older materials should be considered for refurbishment or replacement where appropriate to reduce noise and disturbance. Policy M2 expects mitigation where internal layout cannot secure acceptable amenity.

## H6: HMO OUTSIDE SPACE AND FACILITIES

**HMO development should demonstrate provision of sufficient quantity and quality of private amenity space, and appropriate outdoor waste storage and clothes drying arrangements, meeting the following criteria:**

- 1. Existing front and rear garden land should be retained wherever possible in use as a garden, including where ground floor extensions are proposed. Where conversion to an HMO is proposed it is expected that total private amenity space should always be provided at a level no less than that of a C3 dwelling. Where there is insufficient existing space to provide an outdoor amenity area of this scale, permission is unlikely to be granted unless the property is located in the urban area and within 400m walking distance of a public open space suitably laid out and sized to encourage informal recreation.**
  - 2. Outside amenity space should be demonstrated to be of good quality and sufficient to the scale of the occupant needs, and:**
    - a) Should be appropriately sited, shaped (e.g. rectangular) and managed to ensure it is usable, and receives direct sunlight for at least an hour a day from spring through autumn.**
    - b) Should be of a size and form to ensure that use of this space does not adversely impact neighbours.**
    - c) Gardens must be readily accessible from communal internal spaces by all residents (not solely reliant on access through a private room) and provide soft landscaping and a sitting out area with seating for all HMO occupants.**
  - 3. HMO developments should always include outdoor space in an appropriate location sufficient for all equipment required, for clothes drying, refuse and recycling, and bicycle storage:**
    - a) External storage for waste must be adequate in size and designed so as to ensure it does not detract from the general amenity and character of the area and not have a negative impact on the amenity of HMO occupants or their neighbours, and be easily accessible by all residents. Storage should not be prominent in the street scene, and where necessary should be screened using landscaping, fencing, hedges, or purpose-built storage units, and should not block pedestrian or vehicular visibility splays, or create dark recessed areas which could encourage misuse, vandalism or pest control problems.**
    - b) Outside drying space should be capable of providing a rotary/umbrella washing line or a long line and not overlap with sitting out areas, waste storage or parking areas.**
- 3.54. Appropriate gardens and outside space/facilities are essential to both the wellbeing of HMO residents and their neighbours, and to the local environment. The Dartford Plan is clear that all developments should not erode the provision of gardens (set out in Policy M10). Gardens are an integral feature of the home and therefore important to retain in the Borough. Policy M10, Criterion 2 states *'Development which results in an unacceptable loss of residential garden land will be refused'*. Once garden land is lost to buildings, or even outdoor hard surfacing, it is very hard to reinstate, even if the use as an HMO (for instance) ceases.
- 3.55. Requirements of H6 expect that front and rear garden land of sufficient size, usability and appeal is retained where possible in conversions (a wholly new-build HMO building may make provision akin

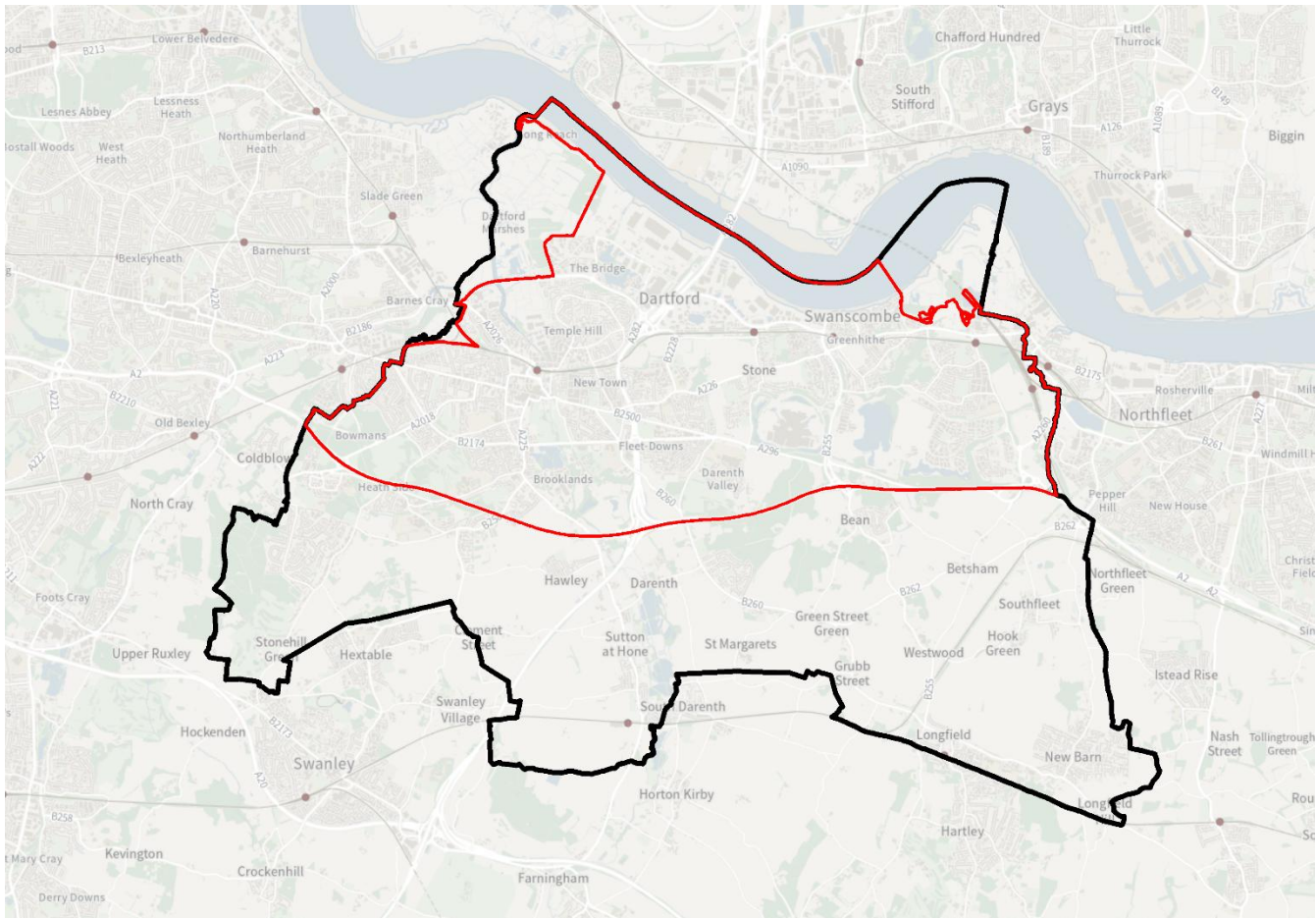
to new build self-contained apartments). Development should refer to the practical guidelines on the form of provision in Policy M9. Specifically, the retained private amenity space must be sufficient and of high quality to meet the health, recreation and functional needs of occupants and to contribute to good design, wellbeing and wider environmental objectives.

- 3.56. The provision of private amenity space for HMOs is expected to be equivalent to, or more than, a C3 dwelling, using size guidelines in supporting paragraphs 5.90 and 5.93 of the Dartford Plan as context. Where this is not achievable, which is ordinarily only the case in urban settings where there is an existing lack of sufficient outdoor space on site, development is only potentially acceptable where within 400m walking distance to a usable public open space which can meet the needs of the occupants. This will not be appropriate where an existing residential garden is built over to provide an extension or parking.
- 3.57. Extensions of properties may have to be designed carefully and limited in scale accordingly; or alternatively it may be that the site is not capable of hosting an extension.
- 3.58. Evidence should be supplied relating to the appropriateness of residential amenity space demonstrating that it is genuinely usable and sufficient to make good provision for the needs of residents. Requirements set out in Policy M9 expect development to enhance the health and wellbeing of the Borough's residents. The form of space provided, and features such as soft landscaping and seating should ensure amenity space functions well for regular use, and cater for the number of occupants (Clause 2 above).
- 3.59. Due to the more intensive use patterns typical of HMOs, proposals should include details on mitigation so that intensified use of the property and therefore potentially greater outdoor activity does not adversely affect neighbouring amenity (for example through disturbance, overlooking or late evening congregation); thus, aligning with Policies M1 and M2 of the Dartford Plan. This may include measures such as acoustic fencing, where necessary and appropriately designed, alongside other landscaping/boundary treatments. The Council will resist poor provision that would create material harm to adjoining occupants.
- 3.60. Under Clause 3, plans must integrate sufficient space for clothes drying, refuse and recycling storage without undermining residential amenity or street quality. Bin stores must be of adequate capacity, convenient for residents and collection crews, and screened to protect residential amenity, meeting Policy M3 (5) objectives. Provision should be sufficient to accommodate at least 180 litres for refuse and 240 litres for recycling for up to 3 residents, with additional capacity required for larger HMOs in proportion to the number of residents. Provision can be made through separate bins for each household or communally through larger, shared bins.
- 3.61. Appropriate provision should also be made for cycle parking, having regard to the quantity, design, siting and accessibility requirements set out in Policy H4. Cycle parking is expected to be secure, convenient to use and not conflict with other outdoor functions or harm the street scene. Drying areas should be shown separately from sitting out areas and parking so each function without conflict, aligning with Policy M9.

## APPENDICES

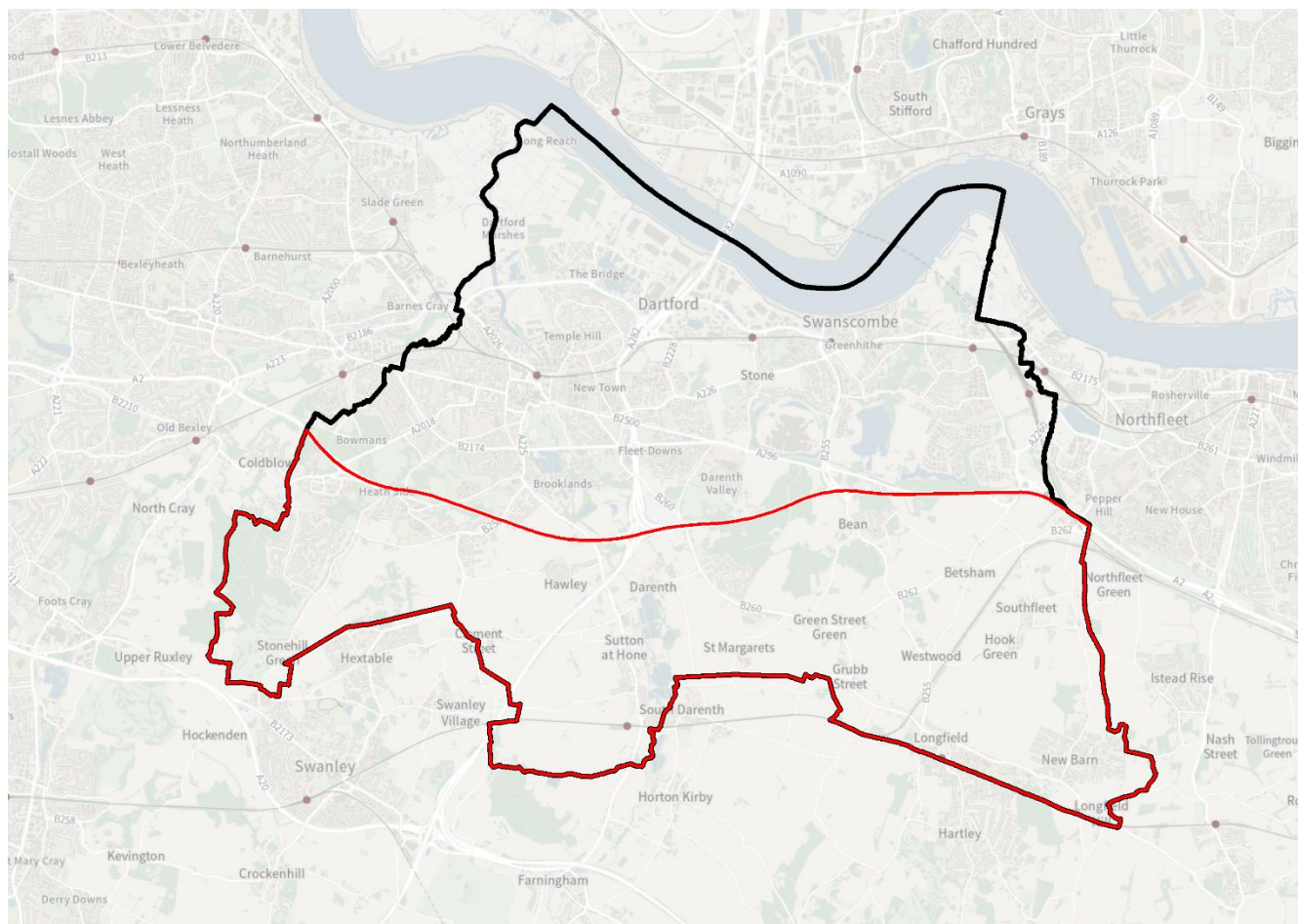
## APPENDIX A – PLAN OF BOUNDARIES FOR THE IMMEDIATE AND NON-IMMEDIATE ARTICLE 4 DIRECTION

*Confirmed boundary plan of the area north of the A2 where the immediate Article 4 Direction for Class C4 Houses in Multiple Occupation applies – Date of commencement 9<sup>th</sup> December 2025*



**Figure 2:** Boundary plan of Immediate Article 4 Direction for the area north of the A2

*Confirmed boundary plan of the area south of the A2 where the Non-immediate Article 4 Direction for Class C4 Houses in Multiple Occupation applies – Date of commencement 10th December 2026*



**Figure 3:** Boundary plan of Non-immediate Article 4 Direction for the area south of the A2.