

## Housing Act Part 2 House in Multiple Occupation (HMO) Licence Application

**I wish to:**

tick ✓

Apply for a licence	
Apply to vary my existing licence	
Renew my licence	

**Before and whilst completing this form, please refer to the advisory notes attached.**

### SECTION 1 – THE PROPERTY FOR WHICH THE LICENCE IS SOUGHT

**1.1 Please provide the address of the property for which you are seeking a licence:**

Address:

Postcode:

### SECTION 2 – THE APPLICANT

**2.1 Please provide details of the applicant:**

Title: Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Last name:

First name:

Address:

Postcode:

Date of birth:

Tel No (s):

Fax No (if any):

Email address (if any):

Interest in the property:

For companies only please specify details of the principal address, if it is different from the registered address. In the case of a Limited Company, Partnership or trust registered outside the UK, the address within the UK where documents may be served:

### SECTION 3 - DETAILS OF THE PERSON HAVING CONTROL OF THE PROPERTY

<b>3.1</b>	Does the applicant have control of the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>3.2</b>	If no, please provide details of the person having control of the property:				
Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other _____
Last name:					
First name:					
Address:					
Postcode:			Date of birth:		
Tel No (s):					
Fax No (if any):					
Email address (if any):					
Interest in the property:					
For companies only please specify details of the principal address, if it is different from the registered address. In the case of a Limited Company, Partnership or trust registered outside the UK, the address within the UK where documents may be served:					

### SECTION 4 - DETAILS OF PROPOSED LICENSEE

<b>4.1</b>	Is the applicant the proposed licensee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	If no, is the person with control of the property the proposed licensee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	If no, please provide details of the proposed licensee:				
Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other _____
Last name:					
First name:					
Address:					
Postcode:			Date of birth:		
Tel No (s):					
Fax No (if any):					
Email address (if any):					
Interest in the property:					

Why is this person more appropriate to be the licensee than the person with control of the property?  
(Continue on a separate sheet if necessary)

For companies only please specify details of the principal address, if it is different from the registered address. In the case of a Limited Company, Partnership or trust registered outside the UK, the address within the UK where documents may be served:

**4.2** If the applicant is not the proposed licensee, the declaration below must be signed by the proposed licensee.

**The proposed licence holder declares:**  
I understand that an application for an HMO licence is being made and that I am proposed as the licence holder. I agree to the application being made. I understand that if the licence is issued and I fail to abide by the terms and conditions of the licence I may be committing a criminal offence and may be prosecuted.

<b>Signed:</b> <b>(proposed licence holder)</b>	
<b>Print Name:</b>	
<b>Date:</b>	

**4.3** Is the proposed licensee currently the licensee of other HMOs? Yes  No

If yes, please provide details on a separate sheet of paper.

**SECTION 5 - DETAILS OF PROPOSED MANAGER OF THE PROPERTY**

**5.1** Is the applicant the proposed manager?  
(If yes, go to question 5.4) Yes  No

**5.2** If no, is the person with control of the property the proposed manager?  
(If yes, go to question 5.5) Yes  No

**5.3** If no, is the proposed licensee also the proposed manager?  
(If yes, go to question 5.4) Yes  No

If no, please provide details of the proposed manager:

Title: Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Last name:

First name:

Address:

Postcode: Date of birth:

Tel No (s):

Fax No (if any):

Email address (if any):

Interest in the property:

For companies only please specify details of the principal address, if it is different from the registered address. In the case of a Limited Company, Partnership or trust registered outside the UK, the address within the UK where documents may be served:

**5.4** Is the proposed manager the agent or employee of the person with control of the property?

Yes  No

## SECTION 6 - FIT AND PROPER PERSONS

The Council **must** satisfy itself that the proposed licensee, the proposed manager **and** all the people proposed to be involved in the management of the property (if they are different people) are **fit and proper persons** to hold a licence or to manage a House in Multiple Occupation. To enable us to satisfy this legal requirement please answer the following questions:

The person to whom this section relates must sign the declaration at the end of this section.

It is **not** necessary to disclose convictions which are spent under the Rehabilitation of Offenders Act 1974.

<b>6.1</b>	Have you been convicted of any offence involving fraud, dishonesty, violence, drugs or offences listed in schedule 3 of the Sexual Offences Act 2003 (offences attracting notification requirements)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>6.2</b>	Have you been convicted of failing to comply with a major Housing Act 1985 notice in the past 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>6.3</b>	Has any tribunal found that you practised, or have you been convicted of practising, unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in or in connection with any business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>6.4</b>	Have you contravened any Housing, Public Health, Environmental Health or Landlord and Tenant Law, (including harassment, illegal eviction) which led to any civil or criminal proceedings being taken against you resulting in a judgement against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>6.5</b>	Have you been in control of any property and as a result have been subject to any legal proceedings brought by any Local Authority (for example under Planning or Environmental Protection Law or Compulsory Purchase proceedings) in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>6.6</b>	In the past 5 years, has any property of which you were the owner or manager been subject to a Control Order made under Section 379 of the Housing Act?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>6.7</b>	In the past 5 years, has any Local Authority carried out works in default of compliance with a Housing Act 1985 notice in respect of any property which you were the owner or manager?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>6.8</b>	Has any property of which you were the owner or manager been refused a licence under Part 2 or 3 of the Housing Act 2004?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>6.9</b>	Has any property of which you were the owner or manager had a licence under Part 2 or 3 of the Housing Act 2004 revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>6.10</b>	Has any property of which you were the owner or manager been the subject of an interim management order, special interim management order, or final management order under the Housing Act 2004?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>6.11</b>	Have you been found by any local authority to have contravened any Approved Code of Practice under the Housing Act 2004 Section 233?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>6.12</b>	Have you attended any accredited training schemes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>6.13</b>	Are you a member of any landlords' association ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>6.14</b>	To the best of your knowledge, has any person associated or formerly associated with you (whether on a personal, work or other basis) done any of the things set out in 6.1 to 6.10 above.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered **YES** to any questions above, please give details (including dates):

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## 6.15 Fit and Proper Person Declaration

I declare that the information contained in this application is correct to the best of my knowledge. I/We understand that I commit an offence if I supply any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I know is false or misleading or am reckless as to whether it is false or misleading.

**Signed:**

**Print Name:**

**Date:**

You may commit a criminal offence if you supply information to the Council which you know is false or misleading, or you are reckless as to whether or not it is false or misleading.

A person who supplies you with information which they know will be used in this application may commit a criminal offence if they know it is false or misleading, or they are reckless as to whether or not it is false or misleading.

**This may result in legal action being taken against you and/or that other person and your licence being revoked. If you are convicted of such an offence, you may be liable to a fine of level 5 on the standard scale (currently a maximum of £5000).**

## SECTION 7 - DETAILS OF MANAGEMENT ARRANGEMENTS

The Council is required to satisfy itself that there are satisfactory management arrangements for the property. To enable us to do this, please answer the following:

<p><b>7.1</b> What experience does the proposed manager have of property management? (include length of time and details of experience – continue on an extra sheet if necessary)</p>	
<p><b>7.2</b> What experience do any other people who will be involved in the management have of property management? (continue on an extra sheet if necessary)</p>	
<p><b>7.3</b> Are there regular inspections and maintenance of the property? If yes, detail how often and by whom inspections occur and what regular maintenance is done.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>7.4</b> Are there arrangements in place to deal with repairs as they arise and emergencies at the property? If yes, briefly describe what they are.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>7.5</b> Briefly explain how funds are made available for general maintenance of the property emergency repairs:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>7.6</b> Is there 24 hour on site management of the property? If not, how do occupiers contact the manager in an emergency?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>7.7</b> Are occupiers provided with a checked inventory and statement of condition of the property at commencement of any rental period?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>7.8</b> Are occupiers provided with a written tenancy agreement at the beginning of their occupancy? If yes, please provide a blank copy.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>7.9</b> Briefly describe actions you would normally take to deal with occupiers who cause nuisance or act in an antisocial way towards neighbours?</p>	
<p><b>7.10</b> Do you clean the common parts and shared facilities regularly? If yes, how often?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> .....</p>
<p><b>7.11</b> Do you provide communal bin stores for rubbish disposal? If yes, how often are the bins emptied?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> .....</p>
<p><b>7.12</b> Do you have a written cleaning and maintenance schedule displayed in the property? If yes, please supply a copy.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>7.13</b> Are there any other matters which you think should be taken into account in considering management arrangements at the property, please give details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

## SECTION 8 - DETAILS OF ANY PERSON WHO WILL BE BOUND BY A CONDITION IN THE LICENCE

**8.1** Please provide details of any person who has agreed to be bound by a condition contained in the licence (add extra sheets as necessary):

Title: Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Last name:

First name:

Address:

Postcode:

Date of birth:

Tel No (s):

Fax No (if any):

Email address (if any):

Interest in the property:

If limited company etc, please give name of contact:

Details of relevant condition:

## SECTION 9 - DETAILS OF THE PROPERTY

<b>9.1</b> Please provide a brief description of the property which you are seeking a licence for:	
<b>9.2</b> Age of building approx. (please select one) Pre 1919 <input type="checkbox"/> 1919 – 44 <input type="checkbox"/> 1945 – 64 <input type="checkbox"/> 1965 – 80 <input type="checkbox"/> Post 1980 <input type="checkbox"/>	
<b>9.3</b> Please indicate the type of property: (a) House in single occupation (b) House in multiple occupation (c) Flat in single occupation (d) Flat in multiple occupation (e) House converted into and comprising only self contained flats (f) Purpose built block of flats (g) Other (please give details):	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>9.4</b> If (e), please give the date of conversion:	
<b>9.5</b> Did the conversion comply with building regulations in force at that time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>9.6</b> If no, does the conversion now comply with current building regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>9.7</b> If no, what proportion of the flats are owner occupied?	
<b>9.8</b> Total number of storeys:	
<b>9.9</b> On what levels are the storeys situated e.g. basement, ground floor etc?	
<b>9.10</b> Number of separate letting units in the property:	
Of those, how many are self contained flats?	
<b>9.11</b> Number of households occupying the property:	
<b>9.12</b> Maximum number of households who will occupy the property:	
<b>9.13</b> Number of people occupying the property:	
<b>9.14</b> Maximum number of people who will occupy the property:	
<b>9.15</b> Number of habitable rooms (excluding kitchens):	
Of those, how many provide:	
(a) sleeping accommodation?	
(b) living accommodation?	
<b>9.16</b> Number of bathrooms and shower rooms (with a hot and cold water supply) are in the property: Of those, how many are shared? What is the maximum number of occupiers that will share those shared facilities?	..... ..... .....
<b>9.17</b> Number of toilets in the property: Of those, how many are shared? Number of toilets separate from shower/bathroom facilities? What is the maximum number of occupiers that will share those shared facilities?	..... ..... ..... .....
<b>9.18</b> Number of washbasins (with hot and cold water supply) in the property: Of those, how many are shared? What is the maximum number of occupiers that will share those shared facilities?	..... ..... .....
<b>9.19</b> Number of kitchens in the property: Of those, how many are shared? What is the maximum number of occupiers that will share those shared facilities?	..... ..... .....

<p><b>9.20</b> Number of sinks (with hot and cold water supply and a draining board) in the property: Of those, how many are shared? What is the maximum number of occupiers that will share those shared facilities?</p>	<p>..... ..... .....</p>
<p><b>9.21</b> Does all furniture in the property provided under the terms of any tenancy or licence meet all safety requirements contained in the Furniture and Furnishings (Fire) (Safety) Regulations (as amended 1989 and 1993)?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>9.22</b> Are all electrical appliances provided within the property safe and in compliance with the requirements of Electrical Equipment (Safety) Regulations 1984?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>9.23</b> Are all gas appliances within the property checked by a Corgi registered installer/engineer in accordance with the Gas Safety (Installation and Use) Regulations 1998?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>9.24</b> Is the electrical installation within the property regularly checked by an NICEIC/ECA contractor/installer? If yes how often</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> .....</p>
<p><b>9.25</b> Does the property have a system of fire detection?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If yes does the system include: A fire alarm panel Heat detectors in the kitchens Mains wired smoke detectors in rooms Battery powered smoke detectors in rooms only Mains wired smoke detectors in common parts Battery powered smoke detectors in common parts only Sounders/alarms on all levels Call points in the communal areas</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>9.26</b> Is the automatic fire detection system tested in accordance with BS5839?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>9.27</b> Is there a log book of inspection and testing of the automatic fire detection system</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>9.28</b> Please provide details of fire escape routes including location of fire proof doors (continue on an extra sheet if necessary) (reference can be made to a plan):</p>	
<p><b>9.29</b> Please provide details of fire safety training provided to occupiers (continue on an extra sheet if necessary)</p>	
<p><b>9.30</b> Are there any notices displayed in the property instructing the occupants what to do in the event of a fire?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>9.31</b> Please provide details of fixed space heating facilities (e.g. radiators) supplied in the property (continue on an extra sheet if necessary) (reference can be made to a plan):</p>	
<p><b>9.32</b> Does the property have a system of Emergency Lighting which is regularly tested in accordance with BS5266?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>9.33</b> Is the following fire safety equipment provided in the property: Fire blankets in all kitchens? Fire blankets in shared kitchens only? Fire extinguishers?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>9.34</b> Has the fire safety equipment been inspected in the last 12 months?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

## SECTION 10 - DOCUMENTS TO BE ENCLOSED

<b>10.1</b>	<i>Either</i> a scale plan of premises (see notes).
<b>10.2</b>	<i>Or</i> a sketch plan and list of room sizes for all rooms (see notes).
<b>10.3</b>	Copy of most recent Gas Safety Certificate for all gas appliances.
<b>10.4</b>	Copy of most recent Annual Test Certificate for automatic fire detection and emergency lighting installation (where appropriate).
<b>10.5</b>	Copy of electrical installation inspection and test certificate (s) (where available)

## SECTION 11 – FEE TO BE ENCLOSED

See notes for more detailed information about the fees charged. Fee = number of flats and/or lettings X application fee.		
	<b>No. of lettings</b>	<b>(£)</b>
<b>11.1</b> Standard Licence Application Fee	(£200x)	
<b>11.2</b> Assisted Application Fee	(£250x)	
<b>11.3</b> Standard Licence Renewal Fee		
<b>11.4</b> Assisted Renewal Fee		
<b>11.5</b> 10% Discount for Membership of a landlord accreditation scheme.	✓	-
Details including membership number:		
<b>11.6</b> Exemption for Registered Charities Registered Charity Number:		
	<b>Total fee tendered:</b>	

## SECTION 12 – NOTIFICATION REQUIREMENTS

You must let certain persons know in writing that you have made this application or give them a copy of it. The persons who need to know about it are-

- Any mortgagee of the property to be licensed
- Any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessees who are known to you
- Any other person who is a tenant or long leaseholder of the property or any part of it (including any flat) who is known to you other than a statutory tenant or other tenant whose lease or tenancy is for less than three years (including a periodic tenancy)
- The proposed licence holder (if that is not you)
- The proposed managing agent (if any) (if that is not you)
- Any person who has agreed that he will be bound by any conditions in a licence if it is granted.

You must tell each of these persons-

- Your name, address, telephone number and e-mail address or fax number (if any)
- The name, address, telephone number and e-mail address or fax number (if any) of the proposed licence holder (if it will not be you)
- Whether this is an application for an HMO licence under Part 2 or for a house under Part 3 of the Housing Act 2004
- The address of the property to which it relates
- The name and address of the local housing authority to which the application will be made
- The date the application will be submitted

A form is attached at the end of this form which you may use for this purpose. If you need more than one form, you can photocopy this one or download another from our website.

## SECTION 13 - APPLICATION DECLARATIONS

I/we declare that the information contained in this application is correct to the best of my/our knowledge. I/we understand that I/we commit an offence if I/we supply any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or am/are reckless as to whether it is false or misleading.

**Signed:**  
**(all applicants)**

**Date:**

I/we declare that I/we have served a notice of this application (a copy is contained in the pack) on the following persons who are the only persons known to me/us that are required to be informed that I/we have made this application:

<b>Name</b>	<b>Address</b>	<b>Description of the person's interest in the property or the application</b>	<b>Date of service</b>

**Signed:**  
**(all applicants)**

**Date:**

## **Houses in Multiple Occupation (HMO) Licensing Scheme Advisory Notes on Application Form**

It is recommended that you read through these notes together with the application form before you start to fill in the form.

If you need extra space to answer any of the question on the application form, please use additional pages and clearly indicate which questions your answers relate to.

### **Section 1 - The property for which the licence is sought.**

There are no notes for this section.

### **Section 2 – The applicant.**

The applicant will normally be the proposed licence holder but may be somebody else if both the applicant and the proposed licence holder agree.

### **Section 3 – Details of the person having control of the property.**

“Person having control of the property” means the person who receives the rack-rent of the premises (whether on his own account or as agent or trustee of another person), or who would do so if the property was let at a rack-rent.

### **Section 4 – Details of the proposed licensee.**

The proposed licensee must be the most appropriate person to hold the licence. This will normally be the person in control of the property. The council will consider, amongst other matter, whether the proposed licensee has authority to comply with the licence conditions.

4.2 If the application is made by anyone other than the proposed licensee then the proposed licensee must confirm that they agree to the application being made.

### **Section 5 – Details of the proposed manager of the property.**

Manager of property means the person who, being the owner or lessee of the property:

- (a) receives (whether directly or through an agent or trustee) rent or other payments from persons who are in occupation as tenants or licensees of parts of the premises; or
- (b) would so receive those rent or other payments but for having entered into an arrangement (whether in pursuance of a court order or otherwise) with another person who is not an owner or lessee of the premises by virtue of which that other person receives the rents or other payments; and includes, where those rents or other payments are received through another person as agent or trustee, that other person.

### **Section 6 – Fit and proper persons.**

The proposed licensee, the proposed manager and every other person who it is proposed will be involved in the management of the property each need to complete section 6. Please make as many copies of this section as you require and attach the completed sections to the application form.

6.2 “Major Housing Act 1985 Notice” means a notice served under one of the following Sections of the Housing Act 1985:

Section 189(1) or 189(1A)	unfitness
Section 190(1)(a) or 190(1A)(a)	substantial disrepair
Section 352	amenities/fire precautions
Section 354/358	overcrowding
Section 372	management deficiencies

6.6 “A control order” means an order made under section 379 of the Housing Act 1985.

6.7 “Works in default” means works carried out by any local authority (or their contractors) when there has been a failure to comply with a notice served under the Housing Act 1985.

6.8 This question is not limited to properties in the London Borough of Barnet.

6.9 This question is not limited to properties in the London Borough of Barnet



6.10 This question is not limited to properties in the London Borough of Barnet

6.12 The London Landlord Accreditation Scheme (LLAS) is an accredited scheme. For further details see their website at <http://www.londonlandlords.org.uk>.

6.14 If yes, please give full details including how you are associated with the other person.

**Section 7 – Details of management arrangements.**

There are no notes for this section.

**Section 8 – Details of any person who will be bound by a condition in the licence.**

There are no notes for this section.

**Section 9 – Details of the property.**

“Self contained” means with a kitchen, bathroom and WC provided for the exclusive use of the occupier(s) of that unit.

“Storey” means:

(a) any basement if—

- (i) it is used wholly or partly as living accommodation;
- (ii) it has been constructed, converted or adapted for use wholly or partly as living accommodation;
- (iii) it is being used in connection with, and as an integral part of, the HMO; or
- (iv) it is the only or principal entry into the HMO from the street.

(b) any attic if—

- (i) it is used wholly or partly as living accommodation;
- (ii) it has been constructed, converted or adapted for use wholly or partly as living accommodation, or
- (iii) it is being used in connection with, and as an integral part of, the HMO;

(c) where the living accommodation is situated in a part of a building above business premises, each storey comprising the business premises;

(d) where the living accommodation is situated in a part of a building below business premises, each storey comprising the business premises;

(e) any mezzanine floor not used solely as a means of access between two adjoining floors if—

- (i) it is used wholly or mainly as living accommodation; or
- (ii) it is being used in connection with, and as an integral part of, the HMO; and

(f) any other storey that is used wholly or partly as living accommodation or in connection with, and as an integral part of, the HMO.

“Household” means members of the same family i.e.

- married or living together (whether as single sex relationships or otherwise),
- related - parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew, niece or cousin, or
- related to one member of a couple

and includes foster children or domestic employees (nannies, maids etc)

“Bathroom or shower room” means a room containing a fixed bath or shower, whether or not also containing a toilet.

“Shared” means not for the exclusive use of the occupants of a particular letting unit.

“Kitchen” means an area with Kitchen facilities must include all of:

- a sink with draining board;
- an installation or equipment for the cooking of food;
- food storage;
- a fridge; and
- a food preparation surface.

### **Section 10 – Documents to be enclosed.**

Please ensure that the following information is contained on your submitted plan:

- the location of extinguishers, fire blankets, fire doors, smoke detectors, heat detectors, emergency lighting and other fire precaution facilities and equipment;
- the location and layout of bathrooms;
- room sizes in meters squared. When measuring a room, measure in centimetres and metres, only measure areas providing practical living space, e.g. areas taken up by built in wardrobes should not be included and measure around chimney breasts. Half the area provided by bay windows can be included in the calculation.
- Include on the plan a key to indicate smoke detectors etc (an example is contained in the pack)
- the maximum number of occupants permitted in each unit of accommodation (templates are contained in the pack);
- which facilities are shared (and by whom) and which facilities are for the sole use of the occupants of a particular letting unit (templates are contained in the pack);
- the location and layouts of kitchens, including the location of:
  - sinks with hot and cold water supply and draining boards;
  - installations or equipment for the cooking of food;
  - electrical sockets;
  - worktops for the preparation of food;
  - cupboards for the storage of food or kitchen or cooking utensils;
  - refrigerators (indicating whether they have a freezer compartment);
  - freezers; and
  - refuse disposal facilities.

### **Section 11 – Fee to be enclosed**

The fee is £200 per flat or unit of accommodation where an application is completed and submitted without the assistance of Council Officers.

If you require an advisory visit regarding either the licensing process, the essential works related to the licensing of the premises or the completion of the licensing application forms, the fee is £250 per flat or unit of accommodation.

Fees for renewal will be reviewed and set in due course

The fees are intended to offset the cost to the Council of administering the licensing scheme.

Both a bedsit and a self contained flat commands a separate fee. For example, if there are 10 bedsits in the HMO the fee for an unassisted application will be 10 x £200 = £2000

The full fee is payable if the licence has to be re-issued as a result of a change of ownership.

### **Section 12 – Notification requirements**

There are no notes for this section.

### **Section 13 – Application declarations**

There are no notes for this section.

## Diversity Monitoring Form – Service users

Barnet Council aims to provide high quality services that meet the needs of local people. We monitor the delivery of our services to ensure that it is representative and that all service users are treated fairly. In addition, we are legally committed to promoting race equality, under the Race Relations (Amendment) Act 2000, and the Disability Discrimination Bill 2005, which apply to everything the Council does. The information you give on this form will remain strictly confidential, in accordance with the Data Protection Act 1998.

### Name

**Age:** Under 20  20-29  30-39  40-49  50-59  60 and over

### Disability:

The Disability Discrimination Act 1995 defines a disability as, ‘A physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’. In this definition, long-term is taken to mean more than 12 months and would cover long term illness such as cancer and HIV or mental health problems.

**Do you consider that you have a disability under the Disability Discrimination Act definition?**

Yes  No

If you have answered ‘Yes’, please select the definition/s from the list below that best describes your disability/disabilities:

- |   |   |
|---|---|
| <b>Hearing</b> (such as: deaf, partially deaf or hard of hearing) <input type="radio"/>   | <b>Reduced physical capacity</b> (such as inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath, energy or stamina, asthma, angina or diabetes) <input type="radio"/> |
| <b>Vision</b> (such as blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glasses/contact lenses) <input type="radio"/> | <b>Severe disfigurement</b> <input type="radio"/>   |
| <b>Speech</b> (such as impairments that can cause communication problems) <input type="radio"/>   | <b>Learning difficulties</b> (such as dyslexia) <input type="radio"/>   |
| <b>Mobility</b> (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis) <input type="radio"/>  | <b>Mental illness</b> (substantial and lasting more than a year, such as severe depression or psychoses) <input type="radio"/>  |
| <b>Physical co-ordination</b> (such as manual dexterity, muscular control, cerebral palsy) <input type="radio"/>  | <b>Other disability, please specify</b> <input type="radio"/>   |

*continued*

## Ethnicity:

### Asian or Asian British

Bangladeshi

Indian

Pakistani

Other

### Black or Black British

African

Caribbean

Other

### Mixed

White and Asian

White and Black African

White and Black Caribbean

Other

### Other

Chinese

Any other ethnic group

### White

British

Greek/  
Greek Cypriot

Irish

Turkish/  
Turkish Cypriot

Other

If you selected any of the 'Other' categories, please tell us how you would further describe yourself

## Faith:

Agnostic

Atheist

Baha'i

Buddhist

Christian

Hindu

Humanist

Jain

Jewish

Muslim

Sikh

No Religion

Other Faith *Please specify*

## Gender:

Female

Male

## Sexuality:

Bisexual

Gay

Heterosexual

Lesbian

In addition, if you prefer to define your sexuality in terms other than those used above, please let us know.

## Declaration:

I have completed the details required in this document and declare to the best of my knowledge the information given is correct. I consent to it being held on file under the terms of the Data Protection Act 1998.

Signature

Date