

BRACKNELL FOREST BOROUGH COUNCIL

APPLICATION FOR A LICENCE FOR A HOUSE IN MULTIPLE OCCUPATION (HMO) - HOUSING ACT 2004

PLEASE COMPLETE AND RETURN THIS APPLICATION FORM IN ITS ENTIRETY, FOR ANY PART THAT IS NOT APPLICABLE, PLEASE MARK AS SUCH.

Please ensure that 2 copies of the property plans to scale, detailing room sizes and the layout of the property are enclosed. Please number each bedroom as details of the occupants and which bedrooms they occupy are required for Part III of the application form.

If there is insufficient space to answer a question then please attach additional sheets used.

PLEASE READ THE FOLLOWING NOTES BEFORE COMPLETING ANY PART OF THIS FORM

- 1 "House in Multiple Occupation" means a building, or part of a building (e.g. a flat):**
 - which is occupied by more than one household and in which more than one household shares an amenity (or the building lacks an amenity) such as a bathroom, toilet or cooking facilities; or,
 - which is occupied by more than one household and which is a converted building which does not entirely comprise self contained flats (whether or not there is also a sharing or lack of amenities); or
 - which comprises entirely of converted self contained flats and the standard of conversion does not meet, at a minimum, that required by the 1991 Building regulations and more than one third of the flats are occupied under short tenancies.

- 2 To be categorised as an HMO a property must also be "occupied" by more than one household:**
 - as their only or main residence; or,
 - as a refuge by persons escaping domestic violence; or,
 - by students undertaking a full-time course of further or higher education; or,
 - for some other purpose that is prescribed in regulations.
 - A house is NOT an, HMO where the owner occupier (a resident landlord and members of his family) occupies the building (or flat) with no more than two other persons. This does not exclude, e.g. those who are owner occupiers and who live in a basement flat and let rooms on the floor(s) above. (See Para. 6(2) to The Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006)

- 3 Households are defined as comprising:**
 - families (including single persons and co-habiting couples (whether or not of the opposite sex); or,
 - any other relationship that may be prescribed by regulation, such as domestic staff or fostering or carer arrangements.

4 Description of HMOs requiring to be licensed as prescribed by the Secretary of State under The Licensing of Houses in Multiple Occupation (Prescribed Descriptions) (England) Order 2006

An HMO is of a prescribed description for the purpose of section 55(2)(a) of the Act where:

- a) the HMO or any part of it comprises three storeys or more; and
- b) it is occupied by five or more persons; and
- c) it is occupied by persons living in two or more single households.

The following storeys shall be taken into account when calculating whether the HMO or any part of it comprises three storeys or more:

- 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.

5 Offences

It is an offence if the landlord or person in control of the property:

- fails to apply for a licence for a licensable property or
- allows a property to be occupied by more people than are permitted under the licence.

A fine of up to £20,000 may be imposed. In addition, breaking any of the licence conditions can result in a fine of up to £5,000 for each breach.

6 Rent Repayment Orders

A tenant living in a property that should have been licensed, but was not, can apply to the Residential Property Tribunal to claim back any rent they have paid during the unlicensed period (up to a limit of 12 months). A Council can also reclaim any housing benefit that has been paid during the time the property was without a licence.

PART I: LANDLORD INFORMATION TO BE COMPLETED IN ALL CASES

1. Property Address:

.....

2. Name and Address of Applicant. If a Manager is employed, please also complete Part II.

.....

Tel: Fax:

e-mail:

**3. If the applicant is a company, partnership, or trust, please complete the following:
 COMPANY/PARTNERSHIP/TRUST (delete as appropriate)**

3.1 Registered Address or Principal Trading Address:

.....

Tel: Fax:

e-mail:

**3.2 Full Names and Addresses of all Directors/Partners/Trustees:
 (Use separate sheet if necessary)**

.....

Tel: Fax:

e-mail:

.....

Tel: Fax:

e-mail:

.....

Tel: Fax:

e-mail:

.....

Tel: Fax:

e-mail:

PART I (CONT.)

3.3 If a Company, please provide the full Name and Address of Company Secretary:

.....

 Tel: Fax:
 e-mail:

3.4 Please state the official address for the service of information/notices:

.....

and confirmed by the signature of all directors/partners/trustees:

Signed: Name:
 Signed: Name:
 Signed: Name:
 Signed: Name:

4. Fit and Proper Person

The Council “must have regard (among other things) to” evidence which shows that a person, or any person associated or formerly associated whether personally or on a work basis, with the property provided it is relevant to whether the person is fit and proper, has:

- a) Committed an offence involving:
 - fraud
 - dishonesty
 - violence
 - drugs
 - Sexual Offences Act 2003 Schedule 3
- b) Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in connection with a business.
- c) Contravened any provision of housing, public health, environmental health or landlord & tenant law. In particular, within the last 5 years been in control of any property:
 - subject to a control order
 - subject to proceedings by a local authority
 - where the local authority has had to carry out works in default
 - subject to a management order under the Housing Act 2004
 - or been refused a licence or breached conditions of a licence.
- d) Acted in contravention of any Approved Code of Practice (ACoP).

PART I (CONT.)

4.1 If any of the above apply to you or anyone involved in the management of the property then please provide details including the date when this occurred and any measures taken to remedy the situation:

.....

4.2 If you are a member of any landlords association or other professional body then please state which and the date of joining:

.....

 Tel: Date:

4.3 If you are an accredited landlord in another Local Authority, please state which authority and the date of accreditation, providing a copy of your registration and any other relevant documentation.

.....

 Date:
 Tel:
 e-mail:

4.4 If you are part of any academic or other organisation/institution then please state which one. It may be appropriate to contact them for a reference: If you do not wish for this Council to do so, please indicate below with an explanation of why?

.....

 Tel: Fax:
 e-mail:

4.5 Please list any relevant training courses you have undertaken or conferences attended in the last 3 years that you consider appropriate and make you a better landlord. Please attach additional sheets as necessary.

.....

4.6 Please give any further information that may help the Council decide if you are a fit and proper person to manage the property. Please attach additional sheets as necessary.

.....

PART II: ONLY TO BE COMPLETED IF A MANAGER IS EMPLOYED

This application refers to (property address):

.....

Full Name of Applicant:

.....

1 If the management is by an individual please complete the following:

1.1 Full Name and Address of person managing the property indicating any relevant professional qualifications such as RICS, ARMA, ARLA, etc.

.....

 Tel: Fax:
 e-mail:

**2 If the management is by a Company, Partnership or Trust, please complete the following:
 COMPANY/PARTNERSHIP/TRUST (delete as appropriate)**

2.1 Registered Address or Principal Trading Address

.....

 Tel: Fax:
 e-mail:

2.2 Full Names & Addresses of all Directors/Partners/Trustees indicating any relevant professional qualifications such as RICS, ARMA, ARLA, etc. *(Please use separate sheet if necessary. Pre-printed information about your organisation is acceptable, validated by the signature of the appropriate officer)*

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 Tel: Fax:
 e-mail:

.....

 Tel: Fax:
 e-mail:

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 Tel: Fax:
 e-mail:

PART II (CONT.)

2.3 If the management is undertaken by a Company, please provide the full Name and Address of the Company Secretary

.....

Tel: Fax:

e-mail:

2.4 Please provide the official address for the service of information/notices:

.....

and confirm by the signature of all directors/partners/trustees:

Signed: Name:

Signed: Name:

Signed: Name:

Signed: Name:

3. Fit and Proper Person

The Council “must have regard (among other things) to” evidence which shows that a person, or any person associated or formerly associated whether personally or on a work basis with the property provided it is relevant to whether the person is fit and proper, has:

- a) Committed an offence involving
 - fraud
 - dishonesty
 - violence
 - drugs
 - Sexual Offences Act 2003 Schedule 3
- b) Practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in connection with a business.
- c) Contravened any provision of housing, public health, environmental health or landlord & tenant law. In particular, within the last 5 years been in control of any property:
 - subject to a control order
 - subject to proceedings by a local authority
 - where the local authority has had to carry out works in default
 - subject to a management order under the Housing Act 2004
 or been refused a licence or breached conditions of a licence.
- d) Acted in contravention of any Approved Code of Practice (ACoP).

PART II (CONT.)

3.1 If any of the above applies to you or any person associated with you who may be involved in the management of the property then please provide details including the date when this occurred and any measures taken to remedy the situation:

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3.2 Please list any relevant training courses undertaken or conferences attended in the last 3 years:

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3.3 Please state the address(es) of up to 4 other individual properties managed by this individual:

.....
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3.4 Please give your Financial Services Authority registration number:
(If not registered, please provide information as to why this is not considered necessary - a separate sheet may be used)

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3.5 Please provide any further information you consider will help us to assess the manager's skills:

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.....

PART III PROPERTY INFORMATION TO BE COMPLETED IN ALL CASES

Y = YES; N = NO; NK = NOT KNOWN

1. Property Details

1.1 Considering the age, character and locality of the property, please state if it is/has:

- | | |
|----------------------------------------------------------|--------|
| a) Structurally sound and in reasonable repair | Y/N/NK |
| b) Reasonably free from damp | Y/N/NK |
| c) Clean and in good repair | Y/N/NK |
| d) Secure (with adequate window and external door locks) | Y/N/NK |
| e) Adequate facilities for rubbish storage and disposal | Y/N/NK |

1.2 Have you a schedule for

- | | |
|--------------------------------------------------|--------|
| a) Planned maintenance | Y/N/NK |
| b) Inspection of furniture/facilities/equipment? | Y/N/NK |

If so, please provide brief details:

If there is not a schedule for planned works and inspections, how will you ensure that works are reported to you and necessary maintenance works do occur?

.....

.....

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.....

1.3 Approximate date of construction or conversion

1.4 Please state the number of storeys including basements and attics if used as part of living accommodation but not half-landings or mezzanines:

1.5 Please indicate which of the following best describes the type of HMO or house for which the application is being made, by reference to one of the following categories:

- i) house in multiple occupation;
- ii) flat in multiple occupation;
- iii) a house converted into and comprising only of self contained flats;
- iv) purpose built block of flats; or
- v) other – please describe:

2. Fire Precautions

2.1 a) Is there an adequate system of smoke/heat detectors incorporating:

- | | |
|--------------------------------------------------|--------|
| i) A fire alarm panel | Y/N/NK |
| ii) Emergency lighting in the common ways | Y/N/NK |
| iii) Smoke/heat detectors in kitchen/common room | Y/N/NK |
| iv) Sounders/alarms on all levels | Y/N/NK |

PART III (CONT.)

- b) Is the main escape route protected by fire doors, self closers? Y/N/NK
- c) Is there a 30 minute protected escape route? Y/N/NK
- d) Is the escape route kept clear of flammable material and other obstructions? Y/N/NK

e) Do you have a contractor to maintain and inspect your fire system? Y/N/NK
 If yes, please provide the date of the last inspection and details of the engineer:

 Tel: Fax:
 e-mail:

f) Is there a log book of inspection/testing the fire system? Y/N/NK
 If so, where is it kept and are the tenants aware of its location?.....

2.2 Please provide details of all fire precaution equipment, including the number and location of smoke alarms and details of fire escape routes. These details may be provided on the annotated plans.

.....

2.3 Please provide details of any fire safety training provided to occupiers of your property:

.....

3. Heating and Insulation

- 3.1 What form of heating does the property have?
- Gas fired central heating Y/N/NK
 - Off peak night storage heaters Y/N/NK
 - Individual wall mounted gas heaters Y/N/NK
 - Individual wall mounted electric heaters Y/N/NK

PART III (CONT.)

- 3.2 Is the loft insulated? If yes please provide date Y/N/NK
- 3.3 If there are cavity walls, do you have cavity wall insulation? Y/N/NK
- 3.4 Are the windows: Double glazed? Y/N/NK
Original timber framed, in good repair? Y/N/NK

4. Gas Safety

- 4.1 Is there a gas supply to the property? Y/N/NK
- 4.2 Where there are gas appliances in the premises, have you a current Landlord's Gas Safety Record provided by a Gas Safe registered engineer. Y/N/NK
If YES then please provide a copy.
- 4.3 If NO, a Landlord's Gas Safety Record must be obtained

5. Electrical Installation

- 5.1 Have you an electrical safety certificate from a competent electrical engineer within the last 5 years to confirm that the electrical installation is safe? Y/N/NK
If YES then please provide a copy.
If NO, an Electrical Safety Certificate must be obtained
- 5.2 If major works occurred to the electrical installation please state the date:.....

6. Electrical Appliances

- 6.1 Do you provide electrical appliances (i.e. with a plug, for example: kettle, cooker and washing machines etc?): Y/N/NK
- 6.2 Are all the electrical appliances you provide compliant with current electrical safety regulations? Y/N/NK
- 6.3 Have you an electrical test certificate from a competent electrician to confirm that all electrical appliances are safe? Y/N/NK
If YES then please provide a copy.
If NO, Electrical Safety Certificates must be obtained for all appropriate appliances

7. Asbestos

- 7.1 Have you had your property inspected for the presence of asbestos? Y/N/NK
If YES then please provide a copy of the report and confirmation of any action taken.
If NO, how do you plan to assess your property for asbestos, especially if disruptive maintenance works are planned or required?.....
.....

PART III (CONT.)

8. Furniture

- 8.1 Do you provide Furniture? Y/N/NK
- 8.2 Is all furniture compliant with current fire safety regulations? Y/N/NK

9. Tenancy Management

- 9.1 Please confirm whether you provide the following
 - a) Tenancy agreements/written details of terms of tenancy, this includes service tenancy or License to live at this property? Y/N/NK
 If YES then please provide a copy.
 If NO, a tenancy agreement MUST be obtained and issued to all tenants
 - b) Are there sanctions for anti-social behaviour Y/N/NK
 - c) Inventory and schedule of condition of property at commencement of occupancy Y/N/NK
 - d) Rent book/receipts Y/N/NK
 - e) Repairs contact/procedure Y/N/NK
 - f) Complaints procedure Y/N/NK

9.2 Please provide any further information you consider will help the Council to assess the standard of management:

.....

.....

.....

.....

10. Occupants

- 10.1 How many tenants are currently occupying the HMO?.....
- 10.2 What is the number of households occupying the HMO? (Please refer to the front page for the definition of a household)
- 10.3 If the owner/owner's family/family of person(s) managing the premises are normally resident:
 - What is the total number of persons within the premises?.....
 - What is the total number of tenants?.....
 - What is the total number of other family members?
- 10.4 If the owner(s)/owner's family/family of person(s) managing the premises are resident, is this accommodation totally separate from other residents' accommodation? Y/N
- 10.5 What is the maximum number of persons and/or households you wish to apply for with respect to this Licence?.....

PART III (CONT.)

11. Number of Rooms

11.1 What is:

- a) the total number of habitable rooms present within the HMO (excluding kitchens, bathrooms and WCs)
- b) the total number of let bedrooms:
- c) the total number of "public" rooms available for use by residents e.g. lounge/dining room etc.:
- d) the total number of habitable rooms being used for private accommodation.....

12. Residents

Do/Will you provide accommodation for long-term residents including students who occupy the premises as their main home? Y/N

13. Catering Provision

- a) Do/Will you provide Bed & Breakfast accommodation? Y/N
- b) Do/Will you provide Full Board accommodation? Y/N
- c) Do/Will you provide Self Catering accommodation? Y/N
- d) Do/Will you provide Bed Only accommodation? Y/N

14. Please provide the names and gender of ALL tenants and what rooms they occupy.

Name of Tenant	Adult/Child	Gender of Tenant	Room Number Tenant Occupies
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	

PART IVA PROPERTY DESCRIPTION TO BE COMPLETED FOR BEDSITS OR NON-SELF-CONTAINED FLATS

This part is to be completed if the property is/will contain bedsits or non self-contained flats. Alternatively, you may provide drawings, indicating the use, including occupancy, of each room.

Note: In all cases 2 copies of plans to scale showing the layout are required to be submitted as part of this application.

A bedsit is a room with facilities for sleeping, eating, cooking and the storage of food. It may also contain personal washing facilities (wash hand basin and/or shower) but is usually where a bath and/or WC is shared with other residents.

A non-self-contained flat is a flat where some facilities are shared. This could consist of a living room and/or bedroom, and may include a separate kitchen. It may also contain personal washing facilities (wash hand basin and/or shower) but there will generally involve a shared bath and/or WC with other residents.

- A. Please state the total number of bedsits and the maximum number of occupants for each floor in the property.

Floor Number	No. Bedsit Accommodations	No. Single Rooms	No. Double Rooms	Total Number Of Occupants For Each Floor
	.....Bedsit(s)			
	.....Bedsit(s)			
	.....Bedsit(s)			
	.....Bedsit(s)			
	.....Bedsit(s)			
Totals				

- B. Please state the number of non-self-contained flats and the maximum number of occupants for each floor in the property.

Floor Number	No. Non Self-Contained Flats	No. Living & Bedrooms	No. Separate Kitchens	Total Number Of Occupants For Each Floor
	.....Flat(s)			
	.....Flat(s)			
	.....Flat(s)			
	.....Flat(s)			
	.....Flat(s)			
Totals				

PART IVA (CONT.)

- C. Please state the number of facilities and on what floor of the property they are located.
The availability of facilities as well as total number of amenities present, needs to be assessed.

Washing Facilities	Number	Floor(s)
Bath/shower + WC + hand basin		
WC + hand basin		
WC		
Bath/shower + hand basin		
Bath/shower		
Total		

- D. Please provide the names and gender of ALL tenants and what rooms they occupy.

Name of Tenant	Adult/Child	Gender of Tenant	Room Number Tenant Occupies
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	

PART IVB PROPERTY DESCRIPTION TO BE COMPLETED FOR A SHARED HOUSE

This part is to be completed if the property is to be let as a shared house. Alternatively, you may provide drawings, indicating the use, including occupancy, of each room.

Note: In all cases 2 copies of plans to scale showing the layout are required to be submitted as part of this application.

- A. Please state the number of separate rooms of each description, and what floor(s) they are located on, the availability of facilities as well as total number of amenities present, needs to be assessed.

Living / cooking / eating	Number	Floor(s)
Living room (s)		
Kitchen: cooking + storage + eating		
Kitchen: cooking + storage		
Total		

- B. Please state the total number of bedrooms and occupants separately for each floor in the property.

Floor	Sleeping accommodation	No. Of Rooms	Total Number Of Occupants Per Floor
	Bedrooms		
	Bedrooms		
	Bedrooms		
	Bedrooms		
Totals			

- C. Please state the number of facilities as listed below and on what floor of the property they are located. The availability of facilities as well as the total number needs to be assessed.

Washing facilities	Number	Floor(s)
Bath/shower + WC + hand basin		
WC + hand basin		
WC		
Bath/shower + hand basin		
Bath/shower		
Wash hand basins in bedrooms		
Total		

PART IVB (CONT.)

D. Please provide the names and gender of ALL tenants and what rooms they occupy.

Name of Tenant	Adult/Child	Gender of Tenant	Room Number Tenant Occupies
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	
	Adult/Child	M - F	

NOTES TO APPLICANTS – READ BEFORE SIGNING

- 1 Please note that it is a criminal offence to knowingly supply information which is false or misleading for the purposes of obtaining a licence. Evidence of any statements made in this application with regard to the property concerned may be required at a later date. If the Council subsequently discovers something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled or other action taken.
- 2 Even if provided with the application (recommended), in certain cases the Council may require your cooperation in obtaining CRB or other information in confirmation of the above. The Council may also approach other authorities such as the police authority, Fire & Rescue Service, Office of Fair Trading, etc. for information and confirmation. The Council may also share the information given on this form with other such authorities where you are also a landlord or involved in property management. Signing of this application will be taken as your agreement to any such action.
- 3 Applicants will be notified of the appropriate fee in due course as this mainly depends upon the type of HMO to be licensed (a full application will result in a minimum fee). No licence can be issued until the fee has been received by the Council.

DECLARATION

I/we declare that I/we have read the statement above and completed all parts of this application to the best of my/our knowledge and ability, and that it is valid as of the date below.

Signed: Name: Date.....

Signed: Name: Date.....

Signed: Name: Date.....

Signed: Name: Date.....

Signed: Name: Date.....

Signed: Name: Date.....

In the case of partnerships or trustees, all partners or trustees must sign. In the case of a limited company, the form must be signed by a Director or Company Secretary or other authorised officer, in which case a copy of proof of authority should be provided.

WHEN COMPLETED, PLEASE RETURN THE FORM TO:

HMO LICENSING

**Environmental Protection Team
Environmental Health
Environment & Public Protection
Bracknell Forest Borough Council
Time Square
Market Street
Bracknell
Berkshire
RG12 1JD**

Tel: 01344 352500

Fax: 01344 351190

e-mail: environmental.health@bracknell-forest.gov.uk

YOU SHOULD PROVIDE THE FOLLOWING DOCUMENTS WITH THE COMPLETED APPLICATION FORM OTHERWISE YOUR APPLICATION MAY BE DELAYED. SHOULD FURTHER INFORMATION AND DATA BE REQUESTED ADDITIONAL CHARGES WILL BE APPLIED:

- Two copies of plans of the premises, to scale, detailing room sizes and the layout of the property, these should include:
 - a) section of the building showing heights to each floor from ground level; and
 - b) floor plans of each level providing the following information:
 - i) the layout and use of all rooms with details of all cooking/sanitary/washing facilities provided therein;
 - ii) the location of heat/smoke alarms or a smoke/heat detection system; and
 - iii) the location of half-hour self-closing fire doors.
 - Two passport size colour photographs comprising a recent likeness of the applicant
 - Electrical Installation Safety Certificate
 - Electrical Appliances Test Certificate(s) (where applicable)
 - Landlord's Gas Safety Record (required on a 12 month basis where applicable)
 - Fire Risk Assessment
 - Tenancy Management Agreement
 - Building Insurance Certificate
 - Summary of any Asbestos Survey and Action Taken
 - Any Relevant Planning Permission.
- NOTE:** This licensing is unconnected to Planning Permissions but if you have not obtained change of use permission under Planning legislation for the dwelling as a multiply occupied house rather than as a single dwelling please contact this Authority for additional advice.

- Any Relevant Building Regulations Approval
NOTE: Building works approved by Building Control as alterations to single occupancy dwellings are not the same as Building Regulation approvals to multiply occupied dwellings.
- If available, evidence (CRB report) which shows that the person managing the property is a fit and proper person
- If available, a copy of landlord accreditation with another local authority

LICENCE FEES

The current Licence fee is set by the Council within the Fees and Charges

Licence fees for 2010/11 have been set as follows:

- a) The fee for an HMO with up to and including 5 bedrooms is £645.
- b) An additional fee of £55 will apply for each additional bedroom.
- c) A reduction of £55 will apply where a landlord is accredited by another local authority.
- d) A reduction of £55 will apply for each subsequent application where a landlord is applying for a licence on more than one property.
- e) An additional charge of £55 will apply each time a letter has to be sent requesting information that has not been provided where this has already been asked for in this form or subsequent correspondence.

WHAT HAPPENS NEXT?

Once the completed application form is received with all the relevant documentation:

- An initial visit will be undertaken to ensure that all details provided are correct, an HMO inspection may also occur at this time, if not, an inspection will follow within a year of the licence being issued
- Providing a full application will result in the minimum fee being charged, should further information be requested, additional fees will be charged
- The proposed licence and conditions will be sent to the applicant and any relevant person(s), a consultation period will ensue, any representations made in accordance with the notice will be duly considered
- This premises will then form part of Bracknell Forest Borough Council's HMO inspection regime and will be inspected on a risk based system

This form has been produced having regard to Schedule 2 The Licensing and Management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006