



**NORTH
NORFOLK
DISTRICT
COUNCIL**

Application for a Licence for a House in Multiple Occupation (HMO)

Environmental Health
Environmental Protection Team
North Norfolk District Council
Holt Road
Cromer
Norfolk
NR27 9EN
Telephone: 01263 516085
Email: ep@north-norfolk.gov.uk

Our offices are open from:
08:30 to 17:00 Monday to Thursday
08:30 to 16:30 Fridays

FOR OFFICE USE ONLY

DATE RECEIVED	DATE PASSED TO OFFICER	REF NUMBER	FEE RECEIVED

HOUSING ACT 2004 PART II

Please see the accompanying guidance notes (pages 21-25) for help with definitions and guidance on how to answer the questions etc.
If you are unsure about whether or not your property should be licensed please telephone Environmental Protection 01263 516085.
For more information about Houses in Multiple Occupation (HMO) licensing, visit our website at: www.northnorfolk.org

Please fill in the form using BLOCK CAPITALS.

If you have more than one HMO you will need to complete a separate application form for each property. If you require more space to answer any question please continue on an additional sheet, specifying which question your answer relates to.

Note to applicants: Please note 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 we subsequently discover something which is relevant and which you should have disclosed, or which has been incorrectly stated or described, your licence may be cancelled and/or legal action may be taken against you.

Incomplete applications may be returned to you for completion and may not be regarded as having been made until sufficient information is provided.

Please read the notes at the back of application form before beginning

HMO Licensing: Information for Applicants

The Licence

North Norfolk District Council will acknowledge receipt of your application, and will assess the information within it. Based on the information provided, we can grant a licence for the number of occupiers that you request; change the numbers on the basis of the information you have given; impose conditions; or refuse to grant a licence. In most cases, if we feel that the property does not merit a licence, we may arrange to inspect the property before making a final decision. We would generally expect to make a decision about whether or not to licence a property within 6 weeks of receiving the completed application form and the licence fee.

The Licence can be granted for up to five years. In some cases, if we grant a licence but require you to do work to bring your property up to a particular standard, we may grant the licence for a shorter period. Where works are required, we would normally have inspected the property before that decision and will of course need to inspect the property again within the timetable stated to ensure compliance.

A licence is personal to the person(s) or organisation stated on the document. If for any reason, the name stated on the licence ceases to be valid, the licence will cease and a new application will need to be made. If the property is sold by a licensee and it continues to be an HMO requiring a licence, the licence will cease and the new owner must apply. Where the licence was given to a married couple changes could include death or divorce. Where a partnership is the licensee, dissolution of the partnership for whatever reason will also terminate the licence. Other changes could also affect the validity of the licence, and we would urge licensees to contact us if they are in any doubt. If any relevant change of circumstances arise, the Council may revoke the licence at any time.

Part 1: Preliminary Information

☐ New Licence ☐ Renewal Licence Date _____

1.1 Address of property to be licensed:

Postcode: _____

Part 2: Applicant

2.1 Name of applicant (if a company, please give full company name)

Surname: _____ First Name(s): _____

Date of Birth: _____

or Full Company Name: _____

Address: _____

Postcode: _____

Home Tel No: _____ Work Tel No: _____

Mobile Tel No: _____

Email address: _____

2.2 Type of proposed licence holder

☐ Individual ☐ Company ☐ Partnership ☐ Trust ☐ Charity
☐ Other (please give details): _____

2.3 Please state number of HMO licences held / applied for by the proposed licence holder

A. In the North Norfolk District Council area _____

B. In other local authority areas _____

If you have completed item B, please state in which areas: _____

2.4 Is the proposed licence holder a member of any landlords associations or other professional body?

☐ Yes ☐ No

If **yes**, please state which: _____

Part 2: Applicant (cont'd)

2.5 Is the proposed licence holder an accredited landlord?

☐ Yes ☐ No

If **yes**, please state which accrediting body:

Part 3: Manager

3.1 Has an agent been appointed to manage the house?

☐ Yes ☐ No

If **No**, please provide details of the person responsible for management.

Name:

Address:

Postcode:

Home Tel No:

Work Tel No:

Mobile Tel No:

Email address:

If **Yes**, please provide agents details

Type of agent

☐ Individual ☐ Company ☐ Partnership ☐ Trust

☐ Other (give details):

Part 3: Manager (cont'd)

3.2 Name of manager (if company, please give full company name):

Address:

Postcode:

Home Tel No:

Work Tel No:

Mobile Tel No:

Email address:

3.3 Is the manager a member of a regulated body?

☐ Yes ☐ No

If **Yes**, please give details:

Part 4: Ownership details

4.1 Name of freeholder:

Address:

Postcode:

Home Tel No:

Work Tel No:

Mobile Tel No:

Email address:

4.2 Name of mortgagee in possession (i.e. bank, building society):

Address:

Part 4: Ownership details (cont'd)

4.3 Name of Leaseholder(s)

Address:

Postcode:

Name:

Address:

Postcode:

(Continue on a separate sheet if more than two leaseholders)

4.4 Name of person who collects the rent:

Address:

Postcode:

Home Tel No:

Work Tel No:

Mobile Tel No:

Email address:

4.5 Name of person who receives the rent:

Address:

Postcode:

Home Tel No:

Work Tel No:

Mobile Tel No:

Email address:

Part 5: Fit and Proper Person—Confidential

All information in this section will be treated as confidential and used only in connection with this application. The Council has a legal obligation to ask the following questions and you must disclose information that you think may be relevant to your application.

Under the Rehabilitation of Offenders Act 1974 you are not required to provide details about previous convictions which are “spent”. A conviction becomes spent after a certain length of time depending upon the sentence and your age at the time of conviction.

If you have doubts about whether you have to declare a previous conviction, you should contact your local Probation Office, the Citizens’ Advice Bureau or your Solicitor.

Subject to the provisions of the Rehabilitation of Offenders Act 1974, please state the particulars of any relevant issues recorded **against any person named in Parts 1, 2, 3 and/or 4, or any person associated or formally associated on a personal or work basis with those named in Parts 1, 2, 3 and/or 4.**

Relevant issues:

- Criminal Convictions in respect of:
 - Fraud
 - Dishonesty
 - Violence
 - Drugs
 - Schedule 3 of the Sexual Offences Act 2003
- Finding by a Court or Tribunal
- Practiced unlawful discrimination on grounds of sex, colour, race, ethnic or national origin, or disability in connection with a business
- Contravened any provision of Housing, or Landlord & Tenant law
These include but are not limited to:
 - Control Order under Housing Act 1995
 - Proceedings by a local authority including taking enforcement action to remedy a Category 1 Hazard
 - The local authority carrying out Works in Default
 - Interim or Final Management Order under the Housing Act 2004
 - Harassment or illegal eviction
- Acted in contravention of any Approved Code of Practice (ACoP) in relation to the management of HMOs.
- Any criminal offence, contravention, or subject to any other proceedings brought by a local authority or other Regulatory Body (for example breaches of the Environmental Protection Act 1990, public health, planning control, or compulsory purchase proceedings or fire safety requirements).

Part 5: Fit and Proper Person—Confidential (cont'd)

Name	Date	Court	Offence	Sentence

(Continue on a separate sheet if necessary.)

5.1 Has any person named in this application previously held or do they currently hold a licence for another House in Multiple Occupation?

☐ Yes ☐ No

If **Yes**, please provide the addresses of these properties, along with details of the local authority that issued the licence.

~~5.2 Has any person named in this application ever applied for and been refused a House in Multiple Occupation licence?~~

☐ Yes ☐ No

If **Yes**, which authority refused the licence?

~~When was it refused?~~

~~5.3 Has any person named in this application ever breached any condition of a licence issued under Parts 2 and/or 3 of the Housing Act 2004?~~

☐ Yes ☐ No

If **Yes**, please provide details of the licence condition(s) breached/licence revoked and the local authority area in which they were breached/licence revoked.

Part 6: Property Details

6.1 Form of Structure:

- ☐ Detached ☐ Semi-detached ☐ Terraced ☐ End of terrace
- ☐ Purpose built flats in converted house ☐ House converted into self contained flats
- ☐ Mixed residential & commercial ☐ House in single occupation
- ☐ Mixed use block ☐ Residential Block

6.2 Build origin:

- ☐ Purpose built ☐ Converted from residential
- ☐ Converted from non-residential

6.3 At the time of the application how many individual lettings are there?

6.4 Please indicate the approximate age of the original construction of the HMO by ticking the appropriate box

- ☐ Prior to 1919 ☐ 1919—1944 ☐ 1945—1964 ☐ 1965—1979 ☐ Post 1980

6.5 If converted, date of conversion:

Please supply reference numbers:

Planning permission:

Building Regulations approval:

6.6 Number of floors in property (include ground floor, basements, attics and details of any commercial use such as shop on ground floor)?

From

To

6.7 Number of floors in block (if applicable):

Above ground

Below ground

6.8 At the time of the application, how many households are there?

Maximum number of households:

Actual number of households:

6.9 At the time of the application, how many persons are in occupation?

Maximum number of persons:

Actual number of persons:

Part 6: Property Details (cont'd)

6.10 How many self contained units are there?

6.11 How many non-self contained units are there?

6.12 What is the total number of:

(a) Rooms - living accommodation

(b) Rooms - sleeping accommodation

6.13 What type of HMO is this application concerning?

- ☐ (a) Shared house
 - ☐ (b) Bedsit accommodation
 - ☐ (c) Mixed household
 - ☐ (d) Flat in single occupation
 - ☐ (e) Flat in multiple occupation
 - ☐ (f) Hostel/bed and breakfast (long stay, not holiday accommodation)
 - ☐ (g) A house converted into and comprising only self contained flats
 - ☐ (h) A purpose-built block of flats
 - ☐ (i) Other (please give details)
-

6.14 Is there an emergency 24-hour contact telephone number that can be used by the tenants in relation to the property?

☐ Yes ☐ No

If **Yes**, please provide the number:

6.15 Are tenants required to provide deposits at the commencement of their tenancy?

☐ Yes ☐ No

If **Yes**, please confirm the deposit scheme used:

- | |
|---|
| <input type="checkbox"/> Mydeposits |
| <input type="checkbox"/> The Deposit Protection Service (DPS) |
| <input type="checkbox"/> The Tenancy Deposit Scheme (TDS) |

6.16 If furniture is provided, please state whether it is compliant with current fire safety regulations

☐ Yes ☐ No

Part 7: Amenities

7.1 Please complete the following table:

Amenities	How many	Location
Kitchens (not shared)		
Kitchens (shared)		
Sinks (not shared)		
Sinks (shared)		
WCs with wash hand basins (not shared)		
WCs with wash hand basins (shared)		
Bathrooms and shower rooms (not shared)		
Bathrooms and shower rooms (shared)		

7.2 Does every WC compartment and every bathroom containing a WC also have a wash hand basin with hot and cold water?

☐ Yes ☐ No

Part 8: Maintenance

8.1 When were the common areas last decorated?

- ☐ (a) Within the past 5 years
- ☐ (b) 5-7 years ago
- ☐ (c) Over 7 years ago

Part 8: Maintenance (cont'd)

8.2 How often is the property inspected?

- ☐ (a) At the end of each tenancy
- ☐ (b) 2-3 times a year
- ☐ (c) Quarterly
- ☐ (d) Monthly
- ☐ (e) Weekly
- ☐ (f) Daily

8.3 Have you a schedule for planned maintenance?

- ☐ Yes ☐ No

8.4 Have you a schedule for inspection of furniture, appliances, fixtures and fittings?

- ☐ Yes ☐ No

8.5 Who is responsible for cleaning the common areas?

- ☐ (a) Tenants ☐ (b) Manager/owner ☐ (c) Cleaner/maintenance company

8.6 Is there a front/rear garden/yard?

- ☐ Yes ☐ No

If **yes**, who is responsible for the maintenance of the garden/yard?

- ☐ (a) Tenants ☐ (b) Manager/owner ☐ (c) Gardener/maintenance company

Part 9: Fire Safety

9.1 Does the property have a means of fire detection?

- ☐ Yes ☐ No If **Yes**, does this system include:

- ☐ (a) A fire alarm control panel
- ☐ (b) Heat detectors in the kitchen(s)
- ☐ (c) Smoke/heat detectors in other rooms interlinked with the system
- ☐ (d) Interlinked smoke detectors and alarms in the corridors and landings
- ☐ (e) Mains-wired smoke detectors only
- ☐ (f) Sounders/alarms on all levels
- ☐ (g) Call points in the communal areas

Part 9: Fire Safety (cont'd)

9.2 What is the total number of smoke/heat detectors?

9.3 Has the fire alarm been tested in accordance with BS5839?

☐ Yes ☐ No

If **Yes**, please provide a copy of a current certificate of testing showing compliance to BS5839.

9.4 Is there a log book of inspection/testing of fire alarm?

☐ Yes ☐ No

If **Yes**, please provide a copy of the last page

9.5 Have you carried out a Fire Risk Assessment as required by the Regulatory Reform Order?

☐ Yes ☐ No

If **Yes**, please provide a copy of the Fire Risk Assessment

9.6 Does the property have emergency lighting throughout the common parts?

☐ Yes ☐ No

If **Yes**, has the system been tested in accordance with BS5266: Part 1: 2016 at least every three years?

☐ Yes ☐ No

If **Yes**, please provide a copy of the most recent periodic inspection and test certificate.

9.7 Are the doors that open on to communal areas capable of 30 minutes fire resistance?

☐ Yes ☐ No ☐ Don't know

If **Yes**, are all fire doors fitted with:

☐ (a) Intumescent strips ☐ (b) Smoke seals ☐ (c) Self closers

9.8 Are there fire doors with self-closers to:

- ☐ (a) The bedrooms
- ☐ (b) Any shared kitchen
- ☐ (c) The entrance door to any self contained flat
- ☐ (d) The living room

Part 9: Fire Safety (cont'd)

9.9 Do you give fire safety instructions to tenants?

☐ Yes ☐ No

How regularly do fire drills take place?

9.10 Are fire blankets provided adjacent to all cooking facilities?

☐ Yes ☐ No

Part 10: Fee

Fee Structure

- The licence fee for an HMO of up to six units of accommodation is **£900.00**
- The licence fee is payable once for a period of five years
- For a property of six units this equates to an annual charge of **£30** per unit of accommodation
- For HMOs of more than six units of accommodation, add **£27** per unit to the licence fee

Please clarify the Licence fee for your specific application and payment methods with the allocated case officer.

A minimum first payment of **£650** will be required to commence the application process. The outstanding amount will be required before the Licence is issued.

Any Cheques to be made payable to North Norfolk District Council (please write "HMO Licensing Fee" together with the address for which the application relates on the back of the cheque)

Please state amount of fee paid: £

Part 11: Declaration

The applicant will need to sign below.

I/We understand that the information provided on this form will be used to process my application. I/We understand that it may be used to prevent fraud and that the information may be shared with other internal departments and external organisations for such legitimate purposes and in accordance with the Data Protection Act 1998.

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:

Print Name:

Date:

The North Norfolk District Council has a duty to handle your information responsibly and to respect your privacy. Please ask any member of staff for details of our Data Protection Policy or view it at www.northnorfolk.org or contact the Information Commissioner at www.ico.gov.uk or write to the Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.

People to Notify When Making an Application

You must let certain people know in writing that you have made this application or give them a copy of it. The people you need to inform 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 lessors 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 to be bound by any conditions in a licence if it is granted

You must tell each of these people:

- 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)
- That this is an application for an HMO licence under Part II of the Housing Act 2004
- The address of the property to which the application relates
- The name and address of the local housing authority to which application will be made
- The date the application will be submitted

People to Notify When Making an Application (cont'd)

The applicant must fill in the details below

I/we declare that I/we have served a notice of this application on the following persons who are the only persons known to me/us who are required to be informed that I/we have made this application

Signed

Date

Name of person

Address

Description of the person's interest in the property or the application

Date of service

Name of person

Address

Description of the person's interest in the property or the application

Date of service

Name of person

Address

Description of the person's interest in the property or the application

Date of service

People to Notify When Making an Application (cont'd)

Name of person

Address

Description of the person's interest in the property or the application

Date of service

Name of person

Address

Description of the person's interest in the property or the application

Date of service

Name of person

Address

Description of the person's interest in the property or the application

Date of service

Name of person

Address

Description of the person's interest in the property or the application

Date of service

(Continue on a separate sheet if necessary)

Check List

Please check that you have:

☐ Signed the application on page 16

Enclosed a copy of the current :

☐ Electrical safety certificate/inspection report

☐ Portable Electrical Equipment test report

☐ Fire Risk Assessment

☐ BS5839 test reports/certificates for fire detection systems (if applicable)

☐ Last page of log book for inspection of fire alarm (if applicable)

☐ BS5266 test reports/certificates relating to the emergency lighting system (if applicable)

☐ Gas Safety Certificate(s) for all gas appliances (Gas Safe or equivalent)

☐ Furniture safety declaration (if applicable)

☐ Building/Planning Control information

☐ Copy of standard tenancy agreement

☐ Signed the declaration on page 17 that you have notified all the necessary parties about this application

☐ Enclosed application fee (please refer to page 15)

Please check that you have answered all the questions and then send your application to:

Environmental Health
Environmental Protection Team
North Norfolk District Council
Holt Road
Cromer
Norfolk
NR27 9EN



Guidance Notes

Note: Incomplete applications may be returned to you for completion and may not be regarded as having been made until sufficient information is provided.

Definitions

Storeys

A storey includes:

- **Basements** (unless purely in commercial use)
- **Attics** if they are occupied (including by a resident landlord), if they have been converted for occupation, or if they are in use in connection with the HMO
- **Commercial premises** on the ground or any upper floor.

Self contained flat

A self contained flat would have living, sleeping, cooking, bathroom and toilet facilities behind one door and would not require the tenant to share these with others outside their family.

Applicant

The person applying for the licence. In most cases we would expect the application to be the proposed licence holder. If, for any reason, this is not the case please contact us on 01263 516085.

Proposed licence holder

There are often many people involved in the management and ownership of the HMO. Please nominate one representative who is to be the

licence holder. They should be the person in control of the HMO (see definition below).

Person in control

The person in control of the property is the person who receives the rack-rent for the property (i.e. a rent not less than two thirds of the full net value of the property). In most cases this is either the owner or the manager or both.

Person managing

A manager is the person who receives the rent for the HMO. This person will usually be the owner, but will include the managing agent and the rent collector.

Owner(s)

The person(s) having a heritable interest in the property, capable of being recorded on the Land Register.

Please note: The same person may fulfil one or more of these roles (for example the same person may be the owner and manager) if this is the case please indicate in your answers. (example 'the same as the owner' or 'the same as the manager').

Guidance Notes (cont'd)

The numbering of the following notes corresponds to the question numbers on the application form.

Part A

- 1.1 Please provide the full address of the property for which a licence is required (if you have more than one property which requires a licence, you will need to fill out separate application forms for each).
- 2.1 Please provide the name and address of the proposed licence holder. Please include the postcode.
- 2.2 Please indicate the appropriate answer.
- 2.3 Please indicate how many properties are subject to a licence or licence application (include properties in England only).
- 2.4 Please indicate the appropriate answer.
- 2.5 Please indicate the appropriate answer.
3. Please supply the details of the person managing the property. Please see the definition on the first page of these guidance notes (page 20).
- 4.1 Please provide the name and address/es of the person/s owning the property. These will be the persons having a heritable interest in the property, capable of being recorded on the Land Register.
- 4.2 Please indicate the appropriate answer (or write N/A if not applicable).
- 4.3 Please indicate the appropriate answer (or write N/A if not applicable).
- 4.4 If the rent is collected manually please name the individual or company who collects the rent. If the rent is paid into a bank account please give details of the individual(s) or company who holds the account.
- 4.5 If the rent is collected by one party and the money is passed on to someone else it is usually the case that the rent collector does not have control over the property. Please indicate who is in receipt of the rent. This can be an individual or a company.
5. Fit and proper person. The Council may carry out checks to make sure that the persons connected with the management or ownership of the property are fit and proper. In deciding whether someone is fit and proper the Council must take into account:
 - Any previous convictions relating to violence, sexual offences, drugs and fraud
 - Whether the proposed licence holder has broken any laws related to housing or landlord and tenant issues
 - Whether the proposed licence holder has been found guilty of unlawful discrimination
 - Whether the person has previously managed HMOs that have broken any approved code of practise.

Guidance Notes (cont'd)

Part B

- 6.1 Please tick the box indicating the type of property. You can enclose external photos of the property if you are unsure.
- 6.4 Please tick the box indicating the approximate age of the property. You can enclose external photos of the property if you are unsure.
- 6.5 If the property has been converted from a single-family property into bedsits, a shared house or self contained flats, please indicate when this was done. If the exact date is unknown please enter an approximate date.
- 6.6 Please indicate the number of floors or storeys the property consists of - for a definition see the first page of guidance notes (page 20).
- 6.7 If the property is located in a block, please indicate the number of floors in the block (if applicable).
- 6.8 In some cases tenants may share a tenancy agreement (such as shared households who rent the property as a whole house). In some cases everyone in the property will have a separate tenancy agreement. In other cases there may be partners sharing who have one tenancy agreement between them (i.e. a single household). Please state the maximum number and actual number of tenancies within the property.
- 6.9 Please indicate the maximum number of occupiers (i.e. the maximum number of people you wish to live in the property) and the actual number of occupiers at the time of applying.
- 6.10 Please indicate the number of self contained flats. A self contained flat would have living, sleeping, cooking, bathroom and toilet facilities behind one door and would not require the tenant to share these with others outside their family.
- 6.11 Please indicate the number of non-self contained units.
- 6.12 Please indicate the number of habitable rooms (i.e. rooms that can be used for sleeping only; a room size of 6.5m² or above is suitable as a single bedroom for 1 person, a room size of 10.2m² or above is suitable as a double bedroom). A living room is a room which is not used as a bedroom and not used as a dining room.

A bedroom is a room which is used for sleeping (whether or not it is also used for living, as a study, has cooking facilities etc.).

- 6.13 Please indicate the type of HMO for which you are applying for a licence:

Shared house

Typically this type of property would be where the tenants live together as a group. They are unlikely to lock their rooms and would have a common living area such as a living room or dining room in which to congregate.

Bedsit accommodation

Typically this is where the tenants live independently of each other but share either a bathroom/shower room or a kitchen with others in the property.

Mixed household

Where there are some self contained flats and some shared facilities all within one property.

Please telephone the Environmental Protection Team on 01263 516085 if you require further clarification.

- 7 Please indicate the facilities available.
- 8.1 The common areas include shared kitchens and bathrooms, shared living rooms, dining rooms, common staircases, corridors, halls and landings. Common areas of the HMO should be maintained in a good and clean decorative repair, be maintained in a safe and working condition and be clear from obstructions. Decoration can include painting of walls and ceilings, painting/varnishing of woodwork, renewal of floor coverings etc.
- 8.2 A manager should regularly check the property to ensure that common areas are free from obstructions, common facilities and amenities are in a clean condition, there is not a problem with the build up or refuse (inside or outside of the building), whether there are any repair/maintenance issues. Please indicate how often such a check is carried out. Please tick more than one box (if applicable).
- 8.3 Are these checks scheduled/timetabled?

Guidance Notes (cont'd)

8.5 The common areas include shared kitchens and bathrooms, shared living rooms and dining rooms, common staircases, corridors, halls and landings.

8.6 Please indicate whether you have a front or rear garden or yard and, if so, who is responsible for the maintenance.

9. Fire precautions

9.1 It is the landlord's responsibility to ensure that the property has adequate fire precautions. A copy of the expected standards will be sent to you with your licence.

There are many companies who are able to provide advice on the type of precautions required and the installation of systems.

Please indicate whether an interlinked detection system is installed. An interlinked system should be hard wired to a mains supply and if one detector alarm sounds the others in the property should also sound.

9.3 The fire alarm/detection system should be inspected and serviced every 6 months to a year, depending on the type of system. They should be cleaned periodically according to the manufacturers instructions.

Competence of a fire alarm servicing organisation can be assured by using organisations that are third party certified, by a UKAS certified certification body, to carry out inspection and servicing of fire alarm systems.

9.5 Provide a Fire Risk Assessment as required by the Regulatory Reform Order.

A Fire Risk Assessment is an organised and methodical look at the common areas within the HMO, the activities carried on there and the likelihood that a fire could start and cause harm to those in and around the premises.

The aims of the fire risk assessment are:

- To identify the fire hazards.
- To reduce the risk of those hazards causing harm to as low as reasonably practicable.
- To decide what physical fire precautions and management arrangements are necessary to ensure the safety of people in your premises if a fire does start.

- **Hazard:** anything that has the potential to cause harm.

- **Risk:** the chance of that harm occurring.

9.6 Please indicate whether the property has emergency lighting (usually on landings, stairwells and/or by the front door).

9.7 If you are not sure that a door is a fire door, please do not count it.

9.9 If you give verbal or written fire safety instructions to your tenants please indicate.

Please remember to enclose the following with your application:

- A copy of the current electrical safety inspection of the hard wired system. This is required every 5 years and a report produced on the recognised form (see Appendix 6, BS7671). The inspection must be carried out by an authorised competent person who is a member of a scheme approved by the Office of the Deputy Prime Minister e.g. NICEIC or ECA.
- A current Gas Safety Certificate (CP12) issued by a registered gas engineer (Gas Safe or equivalent) (where gas is used in the house).
- Servicing/test certificates for the fire precautions, by a UKAS/certified certification body, to carry out inspection and servicing of fire alarms.
- A copy of your Fire Risk Assessment
- The HMO Licence Fee

Guidance Notes (cont'd)

Guidance for Page 16

Signing the application

The application should be signed by the applicant—this would normally be the proposed licence holder.

Guidance for Pages 16 to 18

People to notify when making an application

You must let certain people know in writing that you have made this application—or give them a copy of it. The people you need to inform 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 lessors who are not 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 to be bound by any conditions in a licence if it is granted

You must tell each of these people:

- Your name, address, telephone number and email address or fax number if you have them
- The name, address, telephone number and email address or fax number of the proposed licence holder (if it will not be you)
- That this is an application for an HMO licence under Part II of the Housing Act 2004
- The address of the property to which the application relates
- The name and address of the local housing authority to which the application will be made
- The date the application will be submitted

You must sign a declaration that you have informed the relevant people.

You must also fill in the details of who you have notified.

The name can be the name of an individual or a company.

The address can be a home or business address.

The description of interest—please provide details of the person's connection to the property (such as a mortgagee or tenant).

Guidance for Page 19

You must complete the checklist provided.

Please do not submit your application without the appropriate documentation as your application will not be processed.