

Housing Act 2004
Part 2 section 63
Licensing Of Houses in Multiple Occupation (HMO) – Application

I am applying for a:-

New Licence

☐

Renewal

☐

If you have more than one property in multiple occupation, you will need to fill in a separate application for each property.

IMPORTANT

Please read the notes set out at the end of the form before completing this form.

| | |
|--------|----------------------------------|
| Part 1 | Applicant/Licence holder details |
| Part 2 | Property details |
| Part 3 | Letting details |
| Part 4 | Fee Calculation |
| Part 5 | Licence holder test of fitness |
| Part 6 | Relevant persons |
| Part 7 | Declaration |

Please attach all relevant certificates of installation, inspection or maintenance and include a sketch plan of the property, showing approximate room sizes (in metres) and layout.

The declaration at the end of the application must be signed and dated and the appropriate fee included.

Full Address of Property to be licensed:

.....
.....
.....
.....

Post Code:

Part 1

Applicant/Licence Holder details:

| | | |
|------------|---|-------------------------------------|
| 1.1 | To be completed if the applicant is an individual | |
| | Surname: | First Name(s): |
| | Date of Birth : | |
| | Home Address: | Home: Work: Mobile: Email: |
| | Postcode: | |
| | Preferred method of contact (please tick) <div style="display: flex; justify-content: space-around; align-items: center;"> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> </div> | |
| | Are you the proposed licence holder? <i>(please tick)</i> Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | If not, please give the name, address, telephone number and email address of the proposed licence holder | |
| | Surname: | First Name(s): |
| | Date of Birth: | |
| | Address: | Home: Work: Mobile: Email: |
| | Postcode: | |
| | | |
| 1.2 | To be completed if applicant is Company or Partnership: | |
| | Full name of Company or Partnership: | |
| | Address of Principal or Registered Office: | Work: Mobile: Email: |
| | Postcode: | |
| | Is the Company or Partnership the proposed licence holder? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | If not, please give the name, address, telephone number and email address of the proposed licence holder | |
| | Surname: | First Name(s): |
| | Address: | Home: Work: Mobile: Email: |
| | Postcode: | |

| | | |
|------------|--|-------------------------------------|
| | | |
| 1.3 | Please give details of the person Managing the HMO if different from above: | |
| | Surname: | First Name(s): |
| | Home Address: | Home: Work: Mobile: Email: |
| | Postcode: | |
| 1.4 | Please give details of the person in control of the HMO if different from above: | |
| | Surname: | First Name(s): |
| | Home Address: | Home: Work: Mobile: Email: |
| | Postcode: | |
| 1.5 | Please give details of any person who has agreed to be bound by any condition contained in the licence. | |
| | Surname: | First Name(s): |
| | Home Address: | Home: Work: Mobile: Email: |
| | Postcode: | |
| | | |
| 1.6 | Details of other properties licensed under Part 2 or Part 3 of the Act | |
| | <p>Does the proposed licence holder hold a licence in respect of any other properties?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give property address(es) and the name of the licensing authority(s):</p> | |
| 1.7 | <p>Are you the owner of the premises? (see note 1.7) Yes <input type="checkbox"/> No <input type="checkbox"/></p> | |
| 1.8 | <p>If you own the interest jointly with other people, please give the names and addresses of your co-owners.</p> <p>If you do not own the property, please give the name(s) and address(es) of the owner(s):</p> | |

Part 2

Property Details:

| | | | | |
|-------------|--|------------------------------------|------------------------------------|---|
| 2.1 | Type of HMO (refer to note 2.) | | | |
| | Shared House? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Detached <input type="checkbox"/> |
| | Bedsit accommodation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Semi-detached <input type="checkbox"/> |
| | Hostel accommodation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Mid-terraced <input type="checkbox"/> |
| | Other (please specify | | | End terraced <input type="checkbox"/> |
| | | | | Residential Block <input type="checkbox"/> |
| | | | | HMO located above a commercial Premises <input type="checkbox"/> |
| 2.2 | What is the approximate age of the property? | | | |
| | Pre 1919 <input type="checkbox"/> | 1919-1945 <input type="checkbox"/> | 1945-1964 <input type="checkbox"/> | 1965-1980 <input type="checkbox"/> post 1980 <input type="checkbox"/> |
| 2.3 | How many storeys are there? (Please include any occupied basement and business premises whether above or below the living accommodation and any mezzanine floor) | | | |
| | Total Number _____ Number Below Ground _____ | | | |
| 2.4 | How many separate lettings? _____ | | | |
| 2.5 | How many habitable rooms? _____ (this includes all rooms used as living rooms or bedrooms but excludes kitchens) | | | |
| 2.6 | Total no. shared and/or individual bath / shower rooms? _____ | | | |
| 2.7 | Total no. shared and/or individual WCs? _____ | | | |
| 2.8 | Total no. shared and/or individual wash hand basins? _____ | | | |
| 2.9 | Total no. shared and/or individual kitchens? _____ | | | |
| 2.10 | Total no. shared and/or individual sinks? _____ | | | |
| 2.11 | Total no. communal living rooms? _____ (include dining rooms, TV rooms etc. as appropriate) | | | |
| 2.12 | How many households occupy the property _____ (refer to note 2.12) | | | |
| 2.13 | How many people occupy the property? _____ | | | |

| | | | | | | | | | | | | | | | | | | | |
|--|--|-------------------------------|------------------------------|-------------------------------|--|------------------------------|-------------------------------|-----------------|------------------------------|-------------------------------|---------------|------------------------------|-------------------------------|--------------|------------------------------|-------------------------------|--------------------|------------------------------|-------------------------------|
| 2.14 | <p>Are any of the following fire precautions/ equipment provided?</p> <table border="0"> <tr> <td>Fire Extinguishers</td><td>Yes <input type="checkbox"/></td><td>None <input type="checkbox"/></td></tr> <tr> <td>Protected escape route with fire doors</td><td>Yes <input type="checkbox"/></td><td>None <input type="checkbox"/></td></tr> <tr> <td>Warning Notices</td><td>Yes <input type="checkbox"/></td><td>None <input type="checkbox"/></td></tr> <tr> <td>Fire Blankets</td><td>Yes <input type="checkbox"/></td><td>None <input type="checkbox"/></td></tr> <tr> <td>Smoke Alarms</td><td>Yes <input type="checkbox"/></td><td>None <input type="checkbox"/></td></tr> <tr> <td>Emergency lighting</td><td>Yes <input type="checkbox"/></td><td>None <input type="checkbox"/></td></tr> </table> <p>Number and location of smoke alarms/Type of system installed</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Details of any other fire precautions/equipment:</p> <p>.....</p> | Fire Extinguishers | Yes <input type="checkbox"/> | None <input type="checkbox"/> | Protected escape route with fire doors | Yes <input type="checkbox"/> | None <input type="checkbox"/> | Warning Notices | Yes <input type="checkbox"/> | None <input type="checkbox"/> | Fire Blankets | Yes <input type="checkbox"/> | None <input type="checkbox"/> | Smoke Alarms | Yes <input type="checkbox"/> | None <input type="checkbox"/> | Emergency lighting | Yes <input type="checkbox"/> | None <input type="checkbox"/> |
| Fire Extinguishers | Yes <input type="checkbox"/> | None <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Protected escape route with fire doors | Yes <input type="checkbox"/> | None <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Warning Notices | Yes <input type="checkbox"/> | None <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Fire Blankets | Yes <input type="checkbox"/> | None <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Smoke Alarms | Yes <input type="checkbox"/> | None <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Emergency lighting | Yes <input type="checkbox"/> | None <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| 2.15 | <p>Does the property have any solid fuel appliances? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes which room/s?.....</p> <p>If yes are there any carbon monoxide detectors? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | | | | | | | | | | | | | | | | | | |
| 2.16 | <p>Does the furniture in the property, which is provided under the terms of any tenancy or licence meet the statutory fire safety requirements? Yes <input type="checkbox"/> None <input type="checkbox"/></p> | | | | | | | | | | | | | | | | | | |
| 2.17 | <p>Do the gas and electrical appliances in the property meet the statutory safety requirements?</p> <p>Yes <input type="checkbox"/> None <input type="checkbox"/></p> <p><i>Please provide copies of all relevant documentation and certificates including gas safety certificate, portable appliance test certificates and electrical installation condition report.</i></p> | | | | | | | | | | | | | | | | | | |
| 2.18 | <p>Has building work been carried out at the property within the last five years requiring planning consent or building regulations approval?</p> <p>Yes <input type="checkbox"/> None <input type="checkbox"/></p> | | | | | | | | | | | | | | | | | | |
| 2.19 | <p>What provision is there at the property for refuse disposal?</p> <p>.....</p> <p>.....</p> | | | | | | | | | | | | | | | | | | |

Part 3

Letting Details:

| | |
|-----|---|
| 3.1 | Please confirm how the property is let? e.g. assured shorthold tenancy agreement (AST), licence etc. |
| 3.2 | Is the property let as a whole on one tenancy agreement? Yes <input type="checkbox"/> None <input type="checkbox"/> Or, on a room by room / individual letting basis? Yes <input type="checkbox"/> None <input type="checkbox"/> |
| 3.3 | Please provide details of tenancy deposit scheme: |

[illegible]

| 3.5 | To be completed if property is <u>bedsit type or mixed use</u> HMO <i>Please continue on separate sheet if necessary</i> | | | | | |
|---|--|---|--|---|---|---|
| Room Name/Number & location (e.g. Room 1 ground floor front etc.) | Occupier (Full Name of <u>each</u> occupier) | Approx. total floor area of bedsit /room (m²) | Approx bedroom size (m²) | Proposed max number of occupants | Self - contained kitchen facilities Y/N | Self-contained bathroom/ Shower room facilities Y/N |
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Part 4

Fee Calculation

| TYPE | TOTAL FEE | PRE-APPROVAL FEE (COST OF PROCESSING THE APPLICATION) | FEE TO ISSUE LICENCE AND COMPLIANCE CHECKS FOR THE LIFE OF THE LICENCE (5 YEAR) | RENEWAL FEE |
|---------------------|-----------|---|---|-------------|
| Shared House | | | | |
| 5 persons | £1,384 | £930 | £454 | £1,100 |
| 6-10 persons | £1,398 | £944 | £454 | £1,114 |
| 11-15 persons | £1,484 | £1,001 | £483 | £1,172 |
| 16 and over | £1,725 | £1,129 | £596 | £1,342 |
| Bedsit | | | | |
| up to 5 units | £1,584 | £1,043 | £541 | £1,356 |
| 6-10 units | £1,768 | £1,186 | £582 | £1,399 |
| 11 -15 units | £1,909 | £1,256 | £653 | £1,540 |
| 16 - 20 units | £2,094 | £1,356 | £738 | £1,713 |
| 21 - 30 units | £2,294 | £1,440 | £854 | £1,895 |
| Hostel | | | | |
| up to 20 residents | £1,158 | £788 | £370 | £788 |
| 21-40 | £1,498 | £958 | £540 | £1,043 |
| 41-60 | £1,909 | £1,213 | £696 | £1,412 |
| 61- 80 | £2,350 | £1,441 | £909 | £1,626 |

Please note that you can pay the full licence fee or pay part 1 and 2 at different stages in the process. Part 1 (pre- approval fee) only covers the cost of processing your application but in order for us to issue the licence you will need to pay part 2 (fee to issue Licence and compliance checks for the life of the licence).

Part 5

Licence holder test of Fitness

(If any questions are answered yes please see note 5 for information on how to provide details)

| | |
|------------|--|
| 5.1 | Has the proposed licence holder or manager got any unspent convictions for or involving fraud, dishonesty, violence, drugs or sexual offences? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5.2 | Has the proposed licence holder or manager been found guilty by any court or tribunal of practising any unlawful discrimination on grounds of sex, colour, race, ethnic or national origin or disability in or in relation to any business? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5.3 | Has the proposed licence holder or manager been found guilty in any civil or criminal proceedings of contravention of any enactment relating to housing, public health, environmental health or landlord and tenant law? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5.4 | Has any property owned by the proposed licence holder or manager been the subject of enforcement action described in section 5(2) of The Housing Act 2004? (See note) Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5.5 | Has the proposed licence holder or manager ever been refused a licence under Part 2 or Part 3 of the Housing Act 2004 for any property? (If yes please give details) Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5.6 | Has the proposed licence holder or manager ever had a licence revoked for breach of any conditions of a licence granted under Part 2 or Part 3 of the Housing Act 2004? (If yes please provide details) Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5.7 | Has a Local Authority carried out work in default in relation to a property that the proposed licence holder or manager owns or owned? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5.8 | Have an Interim or Final Management Order ever been made in respect of any property owned or managed by the proposed licence holder or manager? (If yes please provide details) Yes <input type="checkbox"/> No <input type="checkbox"/> |

Part 6

Relevant persons

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:

1. Any mortgagee of the property to be licensed
2. Any owner of the property to which the application relates (if this is not you)
i.e. the freeholder and any head lessors that are known to you
3. 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)
4. The proposed licence holder (if that is not you)
5. The proposed managing agent (if any) (if that is not you)
6. Any person who has agreed that he will be bound by any condition in a licence if it is granted.

You must tell each of these persons:

1. Your name, address, telephone number and email address
2. The name, address, telephone number and email address of the proposed licence holder (if it will not be you)
3. Whether this is an application for an HMO Licence under Part 2 or a house licence under Part 3 of the Housing Act 2004
4. The address of the property to which the application relates
5. The name and address of the Local Housing Authority to which the application will be made
6. The date the application will be submitted

Details of Persons served with notice of this application

(continue on another sheet if necessary)

| Name | Address | Description of persons interest in the property or the application | Date of Service |
|------|---------|--|-----------------|
| | | | |
| | | | |
| | | | |

DECLARATION

Part 7

Warning:

If you knowingly make a false statement or fail to comply with any condition of the licence you may be liable for prosecution.

Note:

Your application will not be valid until you complete all the relevant parts of this form, provide all necessary documents and have paid the required fee.

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.

I/we declare that I/we have served a notice of this application on the persons listed in Part 6 who are the only persons known to me/us that are required to be informed that I/we have made this application.

Applicant

Full name: _____
(Block Capitals)

Signature _____

Date _____

Position (if acting on behalf of a company)

.....

Proposed Licence Holder

Full name: _____
(Block Capitals)

Signature _____

Date _____

Position (if acting on behalf of a company)

.....



The information you have given on this form will only be used by Mid Sussex District Council and its employees in accordance with the Data Protection Act. The information will not be given to any other organisation or individual except to the extent permitted by the Data Protection Act. Mid Sussex District Council may use the information to help with the efficient provision of services and for the prevention and detection of fraud, tax evasion and other crime. The information may also be shared for these purposes with HM Revenue & Customs, the Department for Work and Pensions, the Home Office, the Audit Commission, the police, other local authorities and other permitted organisations. For further information, see under Data Protection Act on Mid Sussex District Council's web site www.midsussex.gov.uk

All licenced HMO's are legally required to be listed on our public register of licensable Houses in Multiple Occupation.

Checklist for submitting an Application

Please enclose the following:-

- | | |
|---|--------------------------|
| 1. A sketch plan for the property detailing the layout and position and size of each room | <input type="checkbox"/> |
| 2. "Gas Safe" Gas Safety Certificate for all appliances and installations | <input type="checkbox"/> |
| 3. BS5839 test reports relating to the fire detection system (if applicable) | <input type="checkbox"/> |
| 4. BS5266 test reports relating to the emergency lighting (if applicable) | <input type="checkbox"/> |
| 5. Electrical Installation Condition Report (dated within the last 5 years) | <input type="checkbox"/> |
| 6. Recent Portable Electrical Equipment test Reports | <input type="checkbox"/> |
| 7. Licence fee | <input type="checkbox"/> |

To make a card payment please ring 01444 477292
Cheque should be made payable to Mid Sussex District Council

Please return the completed form with supporting documents, and fee to:

Mid Sussex District Council
Environmental Health
Housing Standards Team
Oaklands Road
Haywards Heath
West Sussex
RH16 1SS

If you need further advice, please telephone Housing Standards Team on 01444 477292
or email housingstandards@midsussex.gov.uk

Guidance notes

Before lodging an application for a licence for a House in Multiple Occupation (HMO), please ensure that you have read the following guidance notes.

If you require any further advice regarding the Council's HMO licensing scheme or prescribed standards, please contact the Housing Standards Team on 01444 477292.

In these notes "the Act" means the Housing Act 2004, unless otherwise stated, all references to sections etc are to sections in the Act. Part 2 of the Act introduces a mandatory scheme to licence HMOs occupied by 5 or more people comprising two or more households.

Meaning of HMO

"HMO" means a house in multiple occupation as defined by sections 254 to 259 Housing Act 2004 and it applies to a wide range of housing types including:

- A building or part of a building, which consists of one or more units of living accommodation not consisting of a self-contained flat or flats
- The living accommodation is occupied by persons who do not form a single household;
- Where two or more of the households who occupy the living accommodation share one or more basic amenity or the living accommodation is lacking in one or more basic amenity

Certain types of building will not be HMO's for the purposes of licensing.
These include those:

- Buildings or part of buildings, occupied by no more than two households each of which comprise a single person
- Buildings occupied by a resident landlord with up to 2 tenants
- Managed or owned by a public body (such as the police or the NHS) or an LHA or a Registered Social Landlord
- Where the residential accommodation is ancillary to the principal use of the building e.g. religious establishments
- Student Halls of Residence, where the educational establishment has signed up to an Approved Code of Practice
- Buildings regulated otherwise than under the Act, such as care homes, bail hostels etc
- Building entirely occupied by freeholders or long leaseholders

HMO Licensing applies only to those HMOs that are occupied by five or more people living as two or more households and where occupiers share an amenity.

The definition of a 'storey' includes occupied basements and any commercial premises located above or below the HMO (regardless of whether independently owned).

HMO Licensing does not apply to self-contained flats.

Completing the Form

Part 1

Applicant/Licence holder details

Section 1.2 : If the applicant is a company or similar body, give the official registered or principal address.

Section 1.3: Person managing an HMO is defined as the person who, being an owner or lessee of the premises receives (whether directly or through an agent or trustee) rents or other payments from persons who are in occupation as tenants or licensees of the premises.

Section 1.4: Person in control of an HMO is defined as 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 so receive it if the premises were let at a rack-rent.

'Rack-rent' means a rent which is not less than two-thirds of the full net annual value of the premises.

Owner, in relation to the premises

- a. means a person (other than a mortgagee not in possession) who is for the time being entitled to dispose of the fee simple of the premises whether in possession or in reversion; and
- b. includes also a person holding or entitled to the rents and profits of the premises under a lease of which the unexpired term exceeds three years.

Part 2

Property details

Section 2.1:

1. 'Shared house' accommodation is defined as a residential premises occupied by a group of unrelated people under a single tenancy.
Each occupier has their own room but shares kitchen and bathroom facilities with the other occupiers.
2. 'Bedsit' accommodation is defined as a residential premises occupied by a number of unrelated people under individual tenancies. Each occupier has their own unit of accommodation but shares bathroom and/or kitchen facilities with the other occupiers.
This category includes properties that contain a mixture of self-contained and non self-contained units of accommodation.
3. 'Hostel' accommodation is defined as a residential premises occupied by a large number of unrelated people who do not generally have their own individual room.
Often the accommodation is in the form of dormitory style accommodation.
There are shared communal facilities such as bathrooms and kitchens.
This type of accommodation is usually staffed.

Section 2.12: Persons are to be regarded as not forming a single household unless they are all members of the same family. A person is a member of the same family as another person if those persons are relatives (parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew, niece, or cousin) or other persons living together who are married or live together as husband and wife (or in an equivalent relationship in the case of persons of the same sex)

Section 2.16: Under the Gas Safety (Installation and Use) Regulations 1998 the landlord must have an annual safety check on all gas appliances by a Gas Safe registered gas installer. A regular and appropriate inspection of the electrical wiring installation is required to ensure that the health and safety of your tenants is not compromised.

An electrical installation condition report is required dated within the last 5 years.

The landlord is also required to provide PAT test certification to confirm that electrical appliances

provided for tenants use have been examined by a competent person who has confirmed that they are

functioning properly and are safe. Competent electricians must be approved by the NICEIC, ECA, BRE Certification Ltd, British Standards Institute, ELECSA Limited, or NAPIT Certification Ltd. Under The Smoke and Carbon Monoxide Alarms (England) Regulations 2015 there is a legal requirement that smoke and where appropriate carbon monoxide alarms are installed in all tenanted properties.

Section 2.17: Planning Permission may be required in relation to your HMO if there are more than 6 tenants. If you are not sure whether permission or approval is required for the property for which you are seeking a licence, contact the Councils Planning Department.

Where permission or approval has already been obtained, please enclose a copy with your application.

Part 3

Letting details

Section 3.3 : If you let a property on an assured shorthold tenancy basis you are legally required to pay rental deposits into a government- backed tenancy deposit scheme (TDS) within 30 days of receipt.

For further information please refer to <https://www.gov.uk/tenancy-deposit-protection>

Part 4

Fee Calculation

The fee payment forms a part of the licence application – an application without the correct fee is not complete and as such will not be accepted. If, during the application process, the property is found not to require a licence the fee will be refunded. The fee is not refundable once a licence has been issued (eg if a property is converted to single occupation during the licence period). Fees may be reviewed from time to time to ensure they reflect the full cost of administering the licensing arrangements

Part 5

Licence holder test of fitness

The local authority must be satisfied that the person applying for an HMO licence is a “fit and proper person” to hold a licence. The same test applies to any person managing the premises and any director or partner in a company or organisation, which owns or manages the HMO. The local authority may approach other authorities such as the police authority, Fire & Rescue Service, etc., to check whether the applicant has any relevant convictions. We may require your co-operation in obtaining DBS information in confirmation of the above.

Section 5.1: If you do have any convictions you are required to declare, these should not be sent with the application form but should be sent under separate confidential cover.

Unspent convictions may be convictions for which the rehabilitation period has not been completed, or convictions, which are excluded from the Act (i.e. never spent). Not all convictions would be relevant to a person's prospective role as an operator of an HMO, for example motoring offences would not be relevant, but a conviction for fraud or theft could be since the operator would be in a position of trust. If you are unsure about any matter, please contact us.

Section 5.4: The appropriate enforcement action described in section 5(2) of the Act means:

1. Serving an Improvement Notice under section 11;
2. Making a Prohibition Order under section 20;
3. Serving a Hazard Awareness Notice under section 28;
4. Taking Emergency Remedial Action under section 40;
5. making an Emergency Prohibition Order under section 43;
6. making a Demolition order under subsection (1) or (2) of section 265 of the Housing Act 1985 (c. 68);
7. declaring the area in which the premises concerned are situated to be a clearance area by virtue of section 289(2) of that Act.

Section 5.7: “Works in default” - provisions of housing legislation which enables enforcement action in respect of a repair or improvement notice to be taken by local housing authorities either with or without agreement and which provides for the recovery of related expenses.