

Draft Houses in Multiple  
Occupation Supplementary  
Planning Document  
(SPD13)

Consultation Statement

June 2026

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## 1. Introduction

- 1.1 SPD13: Houses in Multiple Occupation has been prepared in accordance with the Town and Country Planning (Local Planning) (England) Regulations 2012.
- 1.2 Regulation 12(a) requires the Council to produce a consultation statement before adoption of the SPD. This statement must set out who was consulted, a summary of the issues raised, and how these issues were incorporated into the SPD.
- 1.3 Regulation 12(b) requires the Council to publish the documents for a minimum 4-week consultation, specify the date when responses should be received, and identify the address to which responses should be sent.
- 1.4 Regulation 13 stipulates that any person may make representations about the SPD and that the representations must be made by the end of the consultation date referred to in Regulation 12.
- 1.5 Regulation 12 states that when seeking representations on an SPD, documents must be made available in accordance with Regulation 35. This requires the Council to make documents available by taking the following steps:
  - Make the document available at the principal office and other places within the area that the Council considers appropriate; and
  - Publish the document on the Council's website.
- 1.6 This Consultation Statement sets out the extent consultation and engagement undertaken on draft SPD13, highlights the issues raised and how the document was amended to reflect the issues raised.

## 2. Engagement during the preparation of the draft SPD

- 2.1 Given that SPD13 provides advice and guidance on the Council's approach to determining planning applications for houses in multiple occupation, it was considered most appropriate to engage with the Council's Development Management team, the Council's Private Rented Sector Enforcement team and Waste Management during the process of draft the SPD and this took place during October and November 2025.
- 2.2 The following table sets out some of the key issues raised during the internal engagement and how these have been addressed in the draft SPD.

<b>Issue</b>	<b>How was this incorporated into the draft SPD</b>
A wider range of current policies are used in assessing HMOs.	Amendments made accordingly.

Issue	How was this incorporated into the draft SPD
Basement bedrooms should only be acceptable in exceptional circumstances.	Amendments made accordingly.
Include reference to HMO licensing policy and guidance.	References included.
Reference to fire risk assessment for basement uses should be included.	Amendments made accordingly.
Provided information regarding waste management provision for HMOs.	References included to waste management requirements and bin storage.

### 3. Screening Assessments

#### Strategic Environmental Assessment Screening

- 3.1 A Screening Statement has been prepared to determine whether a Strategic Environmental Assessment (SEA) would be required for the draft revised SPD13. The Council consulted Natural England, Historic England and the Environment Agency over a five-week period (14 October to 18 November 2025) in order to seek their views on the conclusions of the SEA Screening Assessment.
- 3.2 Responses were received from Historic England, Natural England and the Environment Agency, all of whom agreed with the Council that a Strategic Environmental Assessment would not be required to accompany the SPD.

#### Habitat Regulations Assessment (HRA) Screening

- 3.3 A Habitat Regulations Assessment Screening Assessment of the SPD was prepared which concludes that there would be no need to progress to a HRA of the SPD. Greater Manchester Ecology Unit (GMEU) were consulted on 14 October 2025 to obtain their views as to whether they would need to undertake a HRA Screening in conjunction with the draft revised SPD13 and confirmed that the SPD could be screened out of any need for further assessment.

### 4. Consultation

- 4.1 On 3 December 2025, Members approved a revised draft of SPD13 for consultation. Consultation on this draft subsequently took place over a six-week period running from **15 December 2025 to 26 January 2026**.
- 4.2 The draft strategy was available to view on the Council's website and available for inspection electronically at Bury Town Hall between the hours of

8.45am and 5.00pm (Monday-Friday) and at local libraries and the Tottington Centre during their normal opening hours (see [www.bury.gov.uk/libraries](http://www.bury.gov.uk/libraries) for details).

- 4.3 Comments were invited by email to be sent to [planning.policy@bury.gov.uk](mailto:planning.policy@bury.gov.uk) or by post to the following address:

Strategic Planning and Infrastructure  
Place Directorate  
3 Knowsley Place  
Duke Street  
Bury  
BL9 0EJ

## 5. Consultation Responses

- 5.1 The table below shows that the consultation generated a total of seven responses, although three of these responded simply to say that they had no comments. These comments and the Council's response to these comments are set out in the table below.

Summary of Comment	Council Response	Change Required
<b>Local planning policies</b> The list of key local planning policies should be expanded to include UDP Policy EN2/2 – Conservation Area Control and EN2/3 – Listed Buildings	Reference has been added to UDP policies EN2/2 and EN2/3.	Yes
<b>Heritage</b> Request that the document includes the following statement to address proposals for HMOs that affect designated heritage assets: "Proposals for HMOs affecting designated heritage assets, such as listed buildings and conservation areas, will be considered in line with the requirements of relevant UDP policies and the NPPF."	The requested text has been added at paragraph 2.9.  Reference has also been added to buildings of local heritage value.	Yes
<b>Conservation areas</b> Welcome that paragraph 4.32 of the draft SPD recognises that particular care and attention is required where an HMO proposal is located within a conservation area.	Support noted.	No
<b>Public Health</b> Public health issues associated with HMOs: Mental Health & Wellbeing <ul style="list-style-type: none"> <li>increased mental health risks, including stress, anxiety, and poor wellbeing, due to factors like shared facilities, lack of control, and low-quality housing conditions.</li> <li>higher rates of depression and serious mental illness, especially when households are overcrowded.</li> </ul> Housing Quality & Overcrowding	The potential public health issues associated with HMOs are acknowledged.  The SPD seeks to better manage the provision of HMOs throughout the Borough, improve the standards of accommodation provided and reduce potential for detrimental impacts on local communities.	No

Summary of Comment	Council Response	Change Required
<ul style="list-style-type: none"> <li>Poor housing conditions—structural deficiencies, mould, inadequate ventilation—are associated with worse self-reported physical and mental health.</li> <li>Overcrowded living environments correlate with expanded risk of infectious diseases; reduced privacy and sleep quality, contributing to stress, social tension, anxiety, and depression.</li> </ul> <p>Communicable Diseases</p> <ul style="list-style-type: none"> <li>Shared living spaces in HMOs create a breeding ground for infectious disease transmission</li> </ul> <p>Noise Pollution</p> <ul style="list-style-type: none"> <li>Environmental noise—common in densely populated HMOs—contributes to sleep disturbance, hypertension, cardiovascular disease, mental health disorders, such as anxiety and depression.</li> </ul> <p>Injury &amp; Safety Risks</p> <ul style="list-style-type: none"> <li>Substandard HMOs often contain physical hazards (e.g. poor fire safety, electrical faults, trip risks), which can lead to increased risk of accidents and injuries, and elevated rates of respiratory infections due to damp or unsafe conditions.</li> </ul> <p>Socioeconomic &amp; Access Considerations</p> <ul style="list-style-type: none"> <li>HMO occupants often face economic vulnerability—overcrowding and rent insecurity limit access to healthy food, healthcare, and other essentials.</li> <li>Vulnerable individuals (e.g., low-income, young adults, ethnic minorities, those with complex needs) are disproportionately affected.</li> </ul> <p>Key Public Health Actions:</p> <ul style="list-style-type: none"> <li>Enforce licensing and standards: Minimum space, light, fire safety, amenities, and management protocols.</li> <li>Promote decongestion: Cap overcrowding thresholds, limit HMO concentrations.</li> <li>Improve property quality: Address hygiene, mould, damp, waste, and ventilation.</li> <li>Support mental wellbeing: Facilitate strong management, safety, and tenant autonomy.</li> <li>Boost infection control: Clean common areas, ensure ventilation, education.</li> <li>Address noise and safety hazards: Implement mitigation measures and hazard corrections.</li> <li>Target vulnerable groups: Provide tailored support and interventions for complex needs.</li> </ul>	<p>Whilst some of the issues are identified are outside of the scope of planning controls, it is important to recognise the role of the Council’s Private Rented Sector Enforcement team and Environmental Health in this regard.</p> <p>All properties that are occupied by five or more people, from two or more households and sharing an amenity are subject to mandatory licensing (subject to certain exemptions).</p> <p>HMOs must comply with statutory regulations on management, and the legislation places certain duties on the individuals managing the property. The Council’s HMO Guidance for landlords is also applicable to all HMOs across the Borough (including those that do not require a licence).</p>	
<p><b>Cycle parking</b> Inclusion of cycle parking is an excellent consideration.</p>	Support noted	No
<p><b>Cycle parking</b> Strongly support the provision of secure bicycle parking, as mentioned in the consultation. Many HMOs lack</p>	Support noted.	No

Summary of Comment	Council Response	Change Required
dedicated parking for residents, with the assumption that residents will use alternative or public transport. Without secure bicycle parking, it is difficult for residents to use cycling as a practical transport option, as bicycles must be left in relatively insecure communal areas or stored within bedrooms, which takes up a significant amount of space.		
<p><b>Green space</b>            Could the SPD include green space / growing spaces where there is scope to do so.</p>	<p>The inclusion of green space / growing spaces is considered to be beyond the scope of this SPD, which is supplementing existing planning policies. As many HMOs are created from the conversion of existing dwellings, provision of green space / growing space may not be practicable. This has therefore not been included within the SPD, however the emerging Draft Local Plan policy seeks to ensure additional demands for open space, sport and recreation are met for HMO applications.</p>	No
<p><b>Concentration criteria</b>            How will the concentration criteria be calculated at boundaries with neighbouring boroughs? Will the council seek information on the number of HMOs in the 100m radius across the boundary? Or will the council only consider the smaller area of the semi circle within the borough and adjust the calculation in proportion to the area of the semi circle? (With 10% being unchanged, but if half the area in Salford, then 2 maximum properties rather than 4)</p>	<p>Where applications are within 100m of the boundary, neighbouring districts will be consulted. The Council will have regard to HMOs within the neighbouring district where this information is available.</p>	No
<p><b>Concentration criteria</b>            Why was 10% chosen within any 100m radius as the concentration criteria? This seems high. It doesn't have to be a round number. Why not 6% or 8%?</p>	<p>10% within a 100m radius or a maximum of 4 (whichever is the lower), together with the three in a row and sandwiching restrictions are considered to be appropriate standards to limit the over concentration of HMOs.</p>	No
<p><b>Concentration criteria</b>            How are flats are counted in concentration calculations? If the 100m radius includes say the rock flats then the 10% HMOs can be concentrated unfairly on the few streets that aren't high rise buildings, as the calculation will be watered down counting individual flats as properties. Instead the whole complex should be counted as one property.</p>	<p>10% within a 100m radius or a maximum of 4 (whichever is the lower), together with the three in a row and sandwiching restrictions are considered to be appropriate standards to limit the over concentration of HMOs, including in areas where there are large numbers of purpose built flats.</p>	No
<p><b>Avoiding a concentration of HMOs</b>            The way in which the proposed thresholds operate in practice may benefit from refinement.</p>	<p>The maximum threshold is considered necessary to ensure that the areas with the highest densities of existing development are not</p>	No

Summary of Comment	Council Response	Change Required
<p>The percentage-based approach reflects overall density, however the additional absolute cap has the potential to produce outcomes that do not always reflect street character or function.</p> <p>In practice, HMOs often cluster along main roads, transitional areas and locations with good public transport access — the same locations identified in the SPD as being more sustainable in NPPF terms.</p> <p>Applying a rigid numerical cap in these areas may:</p> <ul style="list-style-type: none"> <li>• Restrict development in sustainable locations; and</li> <li>• Encourage HMO proposals to move further into quieter residential streets that are more suited to long-term family housing.</li> </ul> <p>Local analysis of licensed HMOs along Walmersley Road illustrates this point, where four HMOs fall within a 100-metre buffer yet the overall density across the surrounding area remains low (approximately 2%), with minimal penetration into adjacent residential streets.</p> <p>It may therefore be helpful for the SPD to place greater reliance on:</p> <ul style="list-style-type: none"> <li>• The 10% concentration threshold as the primary measure which is consistent with the approach adopted in other GMCA authorities where SPDs are in place.; and</li> <li>• Existing adjacency, sandwiching and “three in a row” criteria, which more directly relate to residential amenity impacts.</li> </ul>	<p>disproportionately impacted by allowing higher numbers of HMOs.</p>	
<p><b>Application of SPD guidance to commercial reuse</b></p> <p>Further clarification may assist where proposals involve the reuse of redundant or underutilised commercial floorspace, particularly upper floors in town centres and secondary parades.</p> <p>In many such cases:</p> <ul style="list-style-type: none"> <li>• There is no loss of family housing;</li> <li>• The space may not be suitable for conversion to a single C3 dwelling due to layout, location or size; and</li> <li>• Shared accommodation can represent an efficient and sustainable reuse of space.</li> </ul> <p>Clarifying how concentration and locational criteria apply in these circumstances may assist decision-making and align with NPPF objectives around effective use of land and town centre vitality.</p>	<p>Conversion of underutilised commercial floorspace to HMOs may be appropriate, however the Council considers that the concentration and locational criteria should continue to apply to these cases, in order for the Council to address issues around intensification of use and changes to the character of the area.</p>	<p>No</p>
<p><b>Existing HMOs</b></p> <ul style="list-style-type: none"> <li>• Will current smaller HMOs that are currently 'permitted developments' have to register? What will happen if their standards aren't up to scratch?</li> <li>• Current HMOs should have a time scale (say 5 years) to meet new standards where reasonable or reason why they can't. Otherwise residents who face current issues will be the ones who live next to the only sub standard accommodation, which in time will become the HMOs that charge the lowest</li> </ul>	<p>The SPD cannot be applied retrospectively and the Council cannot legally require smaller HMOs that are currently 'permitted developments' to register. All HMOs (regardless of whether they require planning permission or a licence) are duty bound to adhere to the requirements laid out by the Management of Houses in Multiple</p>	<p>No</p>

Summary of Comment	Council Response	Change Required
<p>rent and can only attract the lowest standard on tenants. As responsible tenants will move to properties that are up to new standards.</p> <ul style="list-style-type: none"> <li>All current HMOs should be asked to register (even if fees are waived), so no one can claim that their new HMO existed before changes (including article 4 direction) came into place.</li> </ul>	<p>Occupations (England) Regulations 2006. Where those in control of HMOs are found to be failing to meet their duties, the Council has powers to take action.</p>	
<p><b>Parking Permits</b> Current HMOs should have some level of notice then their parking permits also not made available.</p>	<p>Restricting the availability of parking permits for existing HMOs is outside of the scope of the SPD.</p>	No
<p><b>Space standards</b> Standards of bedrooms and outdoor space are provided, but no standards for communal space. There should be clear minimum standards on the kitchen and communal areas. These standards should include both total size of the kitchen and communal areas (lounge etc.) in proportion to the number of residents and enough seating and utilities for the number of residents. Landlords will try and maximise revenue by turning a living room into a bedroom and having a tiny kitchen with 2 cupboards and a slimline dishwasher for 5 people.</p>	<p>The SPD references the Council's Short HMO Guidance for Landlords, which sets out space standards for communal rooms, combined bedrooms and other facilities. The HMO guidance sets minimum room sizes for shared rooms dependent on the number of occupiers, in addition to requirements for kitchen equipment. It is not considered necessary to replicate this guidance, which applies to all HMOs, within the SPD.</p> <p>The Council considers that it is appropriate to apply higher floorspace requirements to bedrooms where there is no separate communal lounge in addition to a kitchen or kitchen-diner. This would be consistent with the Council's Short HMO Guidance for Landlords.</p> <p>Additional text will be added to section 4 of the SPD to require single bedrooms to be a minimum of 10sqm and double bedrooms a minimum of 14sqm where there is no separate communal lounge.</p>	Yes
<p><b>Bin storage</b> Bin storage wording should be tighter to ensure screened at back and the front. Designated space should be for the higher amounts.</p>	<p>The SPD requires the location, design and size of external bin storage areas to be suitable and not have a negative impact on the amenity of HMO occupants or their neighbours, and not detract from the general amenity and character of the area. It also expects bins to be screened from view to minimise their impact.</p>	No

Summary of Comment	Council Response	Change Required
	The bin storage requirements are based on information from the Council's waste management service. The Waste Management service are consulted on planning applications and are best placed to advise on whether sufficient bin storage has been provided.	
<p><b>Large HMOs</b>  "The Council's preference is for proposals for 16 or more bedrooms to be split into two separate HMOs." Can this be strengthened to "council would not normally consider a HMO of 12 or more bedrooms. These should be split into smaller HMOs". Also to include a maximum size so something ridiculous like a 40 bed converted mill doesn't occur?</p>	Whilst the Council has a preference for proposals for 16 or more bedrooms to be split into two separate HMOs, applications for larger HMOs will be considered on a case by case basis. It is not considered justified to set a maximum size as each case must be considered on its own merits.	No
<p><b>Security</b>  We would welcome the inclusion of secure mail delivery. Most HMOs do not provide secure mail delivery, with all residents' mail and small parcels delivered through the main entrance letterbox, leaving items vulnerable to theft. Secure through-the-wall mailboxes, where space allows, would provide a much higher level of security for mail and small parcels.</p>	A requirement for secure mail delivery is considered to be beyond the scope of the SPD but will be added to the Council's HMO guidance for landlords as a recommendation.	No
<p><b>Security</b>  We would recommend a minimum standard for bedroom doors, requiring a robust, solid-core door (e.g., FD30) fitted with a lock certified to BS 8621 (or equivalent).</p>	The requirement for bedroom doors to meet a minimum standard is addressed through the Council's HMO guidance for landlords, and also part of a fire risk assessment as required by the Regulatory Reform Order (Fire Safety) 2005. It is not considered necessary for the SPD to duplicate this requirement.	No
<p><b>Security</b>  Front ground-floor bedrooms can be particularly vulnerable if residents leave windows open during warmer weather. We would recommend that all ground-floor windows be fitted with window restrictors (limiting opening to 100mm) to prevent them from being left open and insecure.</p>	Restrictors / windows with keys for ground floor windows are recommended under HHSRS – entry by intruders. It is not considered necessary for the SPD to duplicate this recommendation.	No
<p><b>Security</b>  We would recommend that any external alterations to the building comply with Secured by Design and Approved Document Q.</p>	<p>Reference has been added to paragraph 4.31 to encourage applicants to have regard to Secured by Design guidance.</p> <p>The Council cannot require applicants to comply with the Secured by Design guidance as it goes beyond the scope of planning control.</p>	Yes

Summary of Comment	Council Response	Change Required
	Compliance with Approved Document Q is not currently a requirement of Building Regulations for conversion to HMOs and cannot be required through a Supplementary Planning Document.	
<p><b>HMO management plans</b> The management plan statement referenced at para. 4.17 should be expanded to include outdoor areas and waste management. Yard/garden maintenance can be a big nuisance for neighbours, particularly shared fencing etc.</p>	<p>Paragraph 4.17 expects management plans to include arrangements for management and maintenance of all communal areas within the site and the building, however additional reference will be added to all external areas to ensure this is clear.</p> <p>Paragraph 4.17 expects management plans to include management proposals for the servicing and the storage, transfer and collection of waste ensuring that appropriate arrangements are made.</p>	Yes
<p><b>Outlook and natural light in roof space accommodation</b> Paragraph 4.10 states that roof lights which only face the sky are not considered to provide a reasonable outlook. While the importance of adequate outlook and natural light is recognised, a more nuanced approach may be appropriate for roof space accommodation. From practical experience, roof space bedrooms that:</p> <ul style="list-style-type: none"> <li>• Meet or exceed NDSS bedroom size requirements;</li> <li>• Provide adequate ceiling heights; and</li> <li>• Incorporate appropriately sized roof lights,</li> </ul> <p>can deliver high levels of daylight, privacy and residential amenity.</p> <p>In some cases, such rooms are positively regarded by occupants, particularly where generous communal facilities are provided elsewhere in the property. It may therefore be helpful for the SPD to clarify whether daylight quality, room size and overall internal arrangement can be considered alongside outlook, rather than applying a blanket exclusion to roof-light-only rooms.</p>	The Council considers that roof-light only rooms where the roof lights only face the sky are not generally appropriate, as HMO bedrooms are the resident's only private living space.	No
<p><b>Design Considerations</b> <b>Bedroom sizes and communal space provision</b> The SPD applies Nationally Described Space Standards to HMO bedrooms, which provides a clear baseline. However, in many non-student HMOs, traditional separate lounges are often underutilised, with open-plan kitchen–dining arrangements functioning more effectively.</p> <p>Where no separate communal lounge is provided in addition to a kitchen or kitchen–diner, it may be helpful</p>	The Council considers that it is appropriate to apply higher floorspace requirements to bedrooms where there is no separate communal lounge in addition to a kitchen or kitchen-diner. This would be consistent with the Council's Short HMO Guidance for Landlords.	Yes

Summary of Comment	Council Response	Change Required
<p>for the SPD to include specific clarification to safeguard living standards. For example:</p> <ul style="list-style-type: none"> <li>• Single bedrooms: a minimum of 10 sqm</li> <li>• Double bedrooms: a minimum of 14 sqm</li> </ul> <p>These minimums would be in addition to NDSS requirements and reflect the need for personal living space within the bedroom where residents are more likely to spend time.</p> <p>Alternatively, the SPD could specify that:</p> <ul style="list-style-type: none"> <li>• Where no separate communal lounge is provided, an additional 2.5 sqm of unencumbered floor space should be provided to each bedroom above the NDSS minimums.</li> </ul> <p>Including a clear, measurable standard of this nature would provide certainty for applicants and decision-makers while allowing flexibility in internal layouts.</p>	<p>Additional text will be added to section 4 of the SPD to require single bedrooms to be a minimum of 10sqm and double bedrooms a minimum of 14sqm where there is no separate communal lounge.</p>	
<p><b>Fire Safety</b></p> <p>Modern HMO room design often includes built-in storage, sinks or flat surfaces intended to improve usability. While these features do not create self-contained units, they may influence occupant behaviour including the use of electrical equipment (toaster, kettle, air fryer, microwave)</p> <p>It may assist clarity if the SPD acknowledges that:</p> <ul style="list-style-type: none"> <li>• Fire detection and alarm specifications are determined through fire risk assessment and licensing processes; and</li> <li>• In line with LACORS guidance, interlinked heat detection within bedrooms may be appropriate where built-in facilities are provided, alongside suitable smoke detection elsewhere.</li> </ul> <p>* For background context, experience suggests that fully interlinked smoke detection systems can be prone to unnecessary activation where electrical appliances are used in bedrooms with fixed flat surfaces. In line with LACORS guidance for bedsit-style accommodation, the use of interlinked heat detection within bedrooms alongside separate smoke detection elsewhere can reduce this issue.</p>	<p>Paragraph 4.15 includes reference to fire risk assessment requirements. Additional text has been added within the HMO Standards section at paragraph 2.14.</p> <p>Specific reference to interlinked heat detection within bedrooms is not considered to be necessary within the SPD, as fire safety is adequately addressed through licensing and Building Control requirements.</p>	Yes
<p><b>General</b></p> <p>Support the SPD.</p> <p>The provisions are timely and welcome, striking the right balance between much needed additional housing and the security of place and community.</p> <p>Limiting the concentration of new HMO's to 10% within a 100m area; requiring detailed tenant management plans be submitted as part of the planning process; giving greater consideration to more living space within accommodation and detailing specific parking requirements, mean this SPD responds to challenges raised by residents and gives assurance of good provision into the future.</p>	Support noted.	No

Summary of Comment	Council Response	Change Required
This document will allow for higher quality within the HMO market in Bury, answer the concerns of residents and help those who need HMO accommodation be secure in the knowledge of good provision.		
<b>General</b> Well thought out SPD, provides a detailed framework for consideration of HMOs across the Borough.	Noted	No
<b>General</b> In general, the document contains a number of strategies we would welcome, particularly the efforts to de-intensify the number of HMOs in certain areas. Areas with high concentrations of HMOs can have a very transient community and a lack of cohesion, which can allow criminality and antisocial behaviour to flourish. They can also generate conflict with established residents over issues such as noise, increased comings and goings, and car parking, especially in areas that rely heavily on street parking.	Support noted.	No
<b>General</b> We would be supportive of an Article 4 Direction to limit permitted development rights for the conversion of a house into an HMO.	Support noted. On 27 January 2026 the Council's Planning Control Committee authorised the making of an Article 4 Direction.	No

5.2 The consideration of these comments has led to the conclusion that the SPD would benefit from a small number of minor changes prior to it being formally adopted. In particular:

- Reference has been added to UDP policies EN2/2 and EN2/3.
- Additional text added in relation to heritage assets at paragraph 2.9.
- Higher floorspace requirements have been included for bedrooms where there is no separate communal lounge.
- Added reference to Secured by Design guidance at para. 4.31.
- Additional reference has been added to paragraph 4.17 to ensure management plans include management and maintenance arrangements for all external areas.
- Additional text has been added to fire detection and alarm specifications being determined through fire risk assessment and licensing processes within the HMO Standards section at paragraph 2.14.

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