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## HOUSING ACT 2004 HMO LICENCE RENEWAL APPLICATION

### SECTION 1 CONTACTS

Address of the HMO for which the application is being made:

The names, address, telephone number and email address of:-

#### THE APPLICANT

Mr/Miss/Mrs/Ms

Full Name:

Address:

Telephone Number:

Email address:

#### THE PROPOSED LICENCE HOLDER

As above:

Mr/Miss/Mrs/Ms

Full Name:

Address:

Telephone Number:

Email address:

Completed Application to be returned to: Wiltshire Council, Private Sector Housing, The Council House, Bourne Hill, Salisbury, Wiltshire SP1 3UZ

## SECTION 1 CONTACTS

### THE PERSON MANAGING THE HMO

As above:

Mr/Miss/Mrs/Ms

Full Name:

Address:

Telephone Number:

Email address:

### THE PERSON HAVING CONTROL OF THE HMO

As above:

Mr/Miss/Mrs/Ms

Full Name:

Address:

Telephone Number:

Email address:

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## SECTION 2 DECLARATIONS

### INTERESTED PARTIES

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 that are required to be informed that I/we have made this application:

*If necessary continue on a separate signed sheet.*

<b>Name</b>			
<b>Address</b>			
<b>Post Code</b>			
<b>Telephone Number</b>			
<b>Email Address</b>			

**SIGNED: (All Applicants)**

.....

**PRINT NAMES:**

.....

**DATED:** .....

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## SECTION 3 ENCLOSURES

Please provide the following with this renewal application:

- a. A current certificate certifying the safety of the landlord's gas appliances and installations (if present);
- b. A current certificate of service demonstrating the proper operation of the fire alarm system(s);
- c. A current certificate of service demonstrating the proper operation of the emergency lighting system (if present);
- d. A current PAT certificate (electrical appliance safety certificate) for appliances provided by the landlord (where such appliances are more than one year old);
- e. A current electrical periodic inspection certificate (no less than 5 years old).
- f. A declaration demonstrating compliance with fire safety regulations for landlord's furnishings.
- g. List of accommodation rooms and room sizes in square meterage
- h. A cheque for the fee made payable to Wiltshire Council with "HMO Licence Renewal" on the reverse.

### **Current Fees are:**

#### **Renewal of licence on expiry of previous licence**

Circumstances unchanged:	£200.00
New licence holder and/or changes to the property:	£350.00
Additional charge for an incomplete or illegible application:	£50.00

#### **A lapsed licence**

Up to 5 lettings:	£375.00
6 to 10:	£475.00
11 to 15:	£560.00
16 to 20:	£660.00
More than 20 lettings:	£750.00

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## Guidance Notes

### **Section 1**

Please complete the details of the house to be re-licensed and the applicants contact details.

The proposed licence holder can be another person (they will also need to sign section 2).

Please confirm the managing agent. The person having control of the house is the owner who receives the rack rent. We normally assume a licence should be issued to the owner.

Another person might agree to be bound by conditions in the licence. They would have been notified if this was the case with the existing/previous licence.

### **Section 2**

You must confirm that the property has not changed since your last application. If there are any changes you must provide details.

#### Legal requirement to declare the application

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

- any mortgagee of the property to be licensed.
- any owner of the property to which the application relates (if that is not you) such as 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. This DOES NOT include 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)

#### You must tell each of these persons above-

- your name, address telephone number and e-mail address or fax number (if any) the proposed licence holder (if it will not be you)
- that this is an application for an HMO licence under Part 2 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

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