

## Tell us who you are

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**Ref: R070**

**Title**

Ms

**First name**

H

**Surname**

Armstrong

**Email address**

[REDACTED]

## Agent's details

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Are you an agent?

Yes

No

## Personal details

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**Title**

Ms

**First name**

H

**Last name**

Armstrong

Job title (optional)

Organisation (optional)

**Address**

[REDACTED]

**Postcode**

[REDACTED]

**Telephone**

[REDACTED]

Email (optional)

## Your representation

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Please complete this set of questions for each representation you wish to make.

**To which part of the DRLLP PSV Jan 2020 or associated PCPM Jan 2020 does this representation relate? (identify specific reference if possible)**

- Paragraph number
- Policy number
- Policies Map - map and/or table number

**Please state policy number**

H6

**Do you consider the part of the DRLLP PSV Jan 2020 or associated PCPM Jan 2020 that you identified above is:**

**Legally compliant**

- Yes
- No

**Please give details of why you consider the part of the DRLLP PSV Jan 2020 or associated PCPM Jan 2020 that you identified above, is not legally compliant. Please be as precise as possible**

Seems to contradict London Lockdown policy. Other Councils are moving to restrict and control increase of HMOs.

**Sound**

- Yes
- No

**For which of following reasons do you consider that the part of the DRLLP PSV Jan 2020 or associated PCPM Jan 2020 you identified above, is unsound:**

- It is unsound because it is not positively prepared
- It is unsound because it is not justified
- It is unsound because it is not effective
- It is unsound because it is not consistent with national policy

**Please state why it is not justified**

Changes will not provide benefit; will increase stress on area and are likely to encourage illegal conversions.

**Complies with the Duty to co-operate**

- Yes
- No

**Please give details of why you consider the part of the DRLLP PSV Jan 2020 or associated PCPM Jan 2020 that you identified above, fails to comply with the duty to co-operate. Please be as precise as possible**

Despite continued and frequent complaints by individual residents and residents association, Council fails to control existing conversions. Enforcement officials do not enforce their own decisions on illegal or non complaint conversions. Council fails in duty to cooperate with residents and to adequately consult on changes.

Please set out what change(s) you consider necessary to make the part of the DRLLP PSV Jan 2020 or associated PCPM Jan 2020 that you identified above, legally compliant or sound, having regard to the tests of soundness if applicable. (Please note that non-compliance with the duty to co-operate is incapable of modification at examination.)

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(optional)

Proposed alterations to H6 will loosen restrictions on conversion of small family houses into flats or especially to HMOs. Retention of existing wording of H6 would maintain protection of the housing stock of this area as family homes. Removal of the protection against conversion to HMO will encourage illegal conversion which endangers those who move into such property.

**Please note your representation should cover succinctly all the information, evidence and supporting information necessary to support / justify your representation and your suggested change, as there will not normally be a subsequent opportunity to make further representations based on the original representation at publication stage.**

After this stage, further submissions may only be made if invited by the Inspector, based on the matters and issues he/she identifies for examination.

**If your representation is seeking a change to the part of the DRLLP PSV Jan 2020 or associated PCPM Jan 2020 that you identified above, do you consider it necessary to participate at the oral part of the examination?**

- No - I do not wish to participate at the oral examination
- Yes - I do wish to participate at the oral examination

Please note that while this will provide an initial indication of your wish to participate in hearing sessions(s), you may be asked at a later point to confirm your request to participate.

**Please outline why you would like to participate at the oral examination**

To try to make the council and its officers listen to residents.

Please note the Inspector will determine the most appropriate procedure to adopt to hear those who have indicated that they wish to participate at the oral part of the examination. You may be asked to confirm your wish to participate when the Inspector has identified the matters and issues for examination.

## Your representation 2

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Do you want to submit a further representation for another part of the DRLLP PSV Jan 2020 or associated PCPM Jan 2020?

Yes

No

## Require further notification

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Please tick relevant boxes if you require notification of any of the following to the address stated previously in personal/agent details

(optional)

- That the DRLLP PSV Jan 2020 and associated PCPM Jan 2020 have been submitted for independent examination
- The publication of the inspector's recommendations following the independent examination
- The adoption of the Revised Lambeth Local Plan and Policies Map.

## Review your answers

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### Review your answers

Before submitting your form you can review all of the answers you have given so far by clicking on the link below.

[Open a read only view of the answers you have given \(this will open in a new window\)](#)

### Declaration

By submitting this claim you are agreeing to the following declaration. To view this declaration please click on the link below

I declare that the information I have provided on this form is accurate

Now submit your form using the submit button below.