

Community Protection Department - Residential Team

Request for Service of Housing Act 2004 Notice

Section A

Address of Property/Dwelling :

Officer : Date :

Uniform Reference Number :

Total time spent preparing and serving Notice/Order : hours

Additional costs incurred e.g. electrical inspection : £

Section B – Type of Property

HMO		S/C flat – converted house		Mansion block	
HMO above commercial		S/C flat – purpose built		Listed building	
Flat in multiple occupation		House - single occupation		Other e.g. hostel	
Common parts only		Un-licensed hotel		Specify :	

Section C – Notice/Order to be served and time scales

Type of Notice/Order to be served	√
Improvement notice (s.11/12) (Start by _____ weeks. Complete by _____ weeks)* (See attached schedule (Start by _____ weeks. Complete by _____ weeks)* for time periods) *delete as appropriate	
Suspended Improvement notice (s. 14) (Suspended for _____ weeks)	
Hazard Awareness notice (s.28/29) (Complete by _____ weeks)	
Prohibition Order (s. 20/21) (Operative in _____ weeks)	
Suspended Prohibition Order (s.23) (Suspended for _____ weeks)	
Emergency Prohibition Order (s.43) (Operative in _____ days/weeks)	
Emergency Remedial Action (s.40)	
HMO Overcrowding notice (s.139)	
Interim Management Order (s.102)	
Final Management Order (s.113)	

Please note : A Statement of Reasons why you have chosen this course of action and discounted others must be attached to this form.

Section D – HMO Licensing Scheme

Is the property a licensable HMO? : Yes/No

Has an application form been sent? : Yes/No

If the property is a licensable HMO but application form is not to be sent give reasons why :

Otherwise provide details of who the form should be sent to :

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Section E – Addressing the notice

1. Person having control/person managing/person who ought to take the action/licence holder	Copies To : List names & addresses of interested parties e.g. lessees, freeholder, mortgagee, occupier & the unit they relate to.
2. Person having control/person managing/person who ought to take the action/licence holder	

(Please use an extra sheet if necessary)

Section F – Tenant details

Please list all tenants

Name	Part of building occupied	Name	Part of building occupied

Date completed Section 16 received :

Is temporary re-housing required? Yes/No

If yes, for which tenants :

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Section G – Notice Service

Minded-To letter to be sent : Yes/No
Charge to be made for notice : Yes/No
If No give reason :
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If Registered Charity provide Reg. No.

Service of notice/order Authorised by Operations Manager

Signed : Date :

Substantive notice/order checked by Case Officer

Signed : Date :

Substantive notice/order approved by Team Leader

Signed : Date :

Section H – Declaration

The completion of the works to comply with the attached notice(s)/order(s) should ensure that the health and safety of the occupants of and visitors to this property should be safeguarded and that no Category 1 hazards will exist for at least the next 12 months.

Signed : Date :

For Admin Use only

S.49 of the Housing Act 2004 provides the power to charge for notices/orders.

(to be completed)

Documentation Check List

Documentation	Y / N / Not Applicable
HAN 1/ notice	
Schedule of works	
Proof of Ownership	
Inspection Forms/ copy of notes	
Marked floor plans (HMO)	
Fire Officer consultation (HMO)	
HMO Risk rating	
Statement of Reasons	
Copy of HHSRS scoring sheets	
HHSRS Deficiencies Action Sheet	
Other supporting documents e.g. photo's	

DBM Updated 28/12/2005

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