

**Application for a premises licence to be granted
under the Licensing Act 2003**

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I/We PLK CHICKEN UK LIMITED

(Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description POPEYES 348 North End Road			
Post town	LONDON	Postcode	SW6 1NB

Telephone number at premises (if any)	
Non-domestic rateable value of premises	34250

Part 2 - Applicant details

Please state whether you are applying for a premises licence as Please tick as appropriate

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
 - i as a limited company/limited liability partnership please complete section (B)
 - ii as a partnership (other than limited liability) please complete section (B)
 - iii as an unincorporated association or please complete section (B)
 - iv other (for example a statutory corporation) please complete section (B)
- c) a recognised club please complete section (B)
- d) a charity please complete section (B)

- e) the proprietor of an educational establishment please complete section (B)
- f) a health service body please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England please complete section (B)
- h) the chief officer of police of a police force in England and Wales please complete section (B)

* If you are applying as a person described in (a) or (b) please confirm (by ticking yes to one box below):

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a statutory function or
- a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth over		I am 18 years old or		<input type="checkbox"/>	Please tick yes
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
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Surname		First names	
Date of birth over		I am 18 years old or	<input type="checkbox"/> Please tick yes
Nationality			
Current residential address if different from premises address			
Post town		Postcode	
Daytime contact telephone number			
E-mail address (optional)			

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name PLK CHICKEN UK LIMITED
Address 27 Old Gloucester Street, London, United Kingdom, WC1N 3AX
Registered number (where applicable) 13135583
Description of applicant (for example, partnership, company, unincorporated association etc.) PRIVATE LIMITED COMPANY
Telephone number (if any) 0207 993 4040
E-mail address (optional) mbrowning@balaw.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

<p>Please give a general description of the premises (please read guidance note 1)</p> <p>https://popeyesuk.com/our-story See above. Popeyes is a Louisiana chicken restaurant serving nationwide in the UK.</p> <p>Popeyes DOES NOT SERVE ALCOHOL. This application is for the supply of hot food and drink only (Late Night Refreshment "LNR")</p> <p>Popeyes is requesting LNR until 2am daily.</p>
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If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

What licensable activities do you intend to carry on from the premises?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

Provision of late night refreshment (if ticking yes, fill in box I)

Supply of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 7)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Wed			
Thur			<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 6)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
Thur			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
Fri			<u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sat			<u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sun			<u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 7)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sat					
Sun					

G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Thur			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Fri			<u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sat			<u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sun			<u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)		
Fri					
Sat			<u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sun					

I

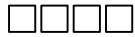
Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Mon	2300	0200	<u>Please give further details here</u> (please read guidance note 4)		
Tue	2300	0200			
Wed	2300	0200	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Thur	2300	0200			
Fri	2300	0200	<u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sat	2300	0200			
Sun	2300	0200			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>			
				Off the premises	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)					
Mon								
Tue								
Wed								
Thur								
Fri								
Sat								
Sun								
						Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 6)		

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name NO DPS IS REQUIRED	
Address	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known)	



K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 9).
NONE

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	0700	0230	Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 6)
Tue	0700	0230	
Wed	0700	0230	
Thur	0700	0230	
Fri	0700	0230	
Sat	0700	0230	
Sun	0700	0230	

M Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 10)

Please find proposed conditions attached

b) The prevention of crime and disorder

Please find proposed conditions attached

c) Public safety

Please find proposed conditions attached

d) The prevention of public nuisance

Please find proposed conditions attached

e) The protection of children from harm

Please find proposed conditions attached

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee.
- I have enclosed the plan of the premises.
- I have sent copies of this application and the plan to responsible authorities and others where applicable.
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.
- I understand that I must now advertise my application.
- I understand that if I do not comply with the above requirements my application will be rejected.
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15).

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Declaration	<ul style="list-style-type: none"> [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15). The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)
Signature	<i>Mark Brown</i>
Date	16 OCTOBER 2024
Capacity	BA LAW OBO THE APPLICANTS

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) MARK BROWNING BA LAW 357 WIMBLEDON PARK ROAD			
Post town	LONDON	Postcode	SW19 6NS
Telephone number (if any)	[REDACTED]		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) [REDACTED]			

Notes for Guidance

- Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
- In terms of specific regulated entertainments please note that:

POPEYES HAMMERSMITH

Popeyes is aware of Hammersmith & Fulham's Statement of Licensing Policy.

The application is made until 02:00 as the premises are situated in a commercial area next to a busy road.

Popeyes works hard to ensure that their operations do not impact the main concerns associated with restaurants and take-aways such as;

- ✚ Noise from patrons or delivery vehicles
- ✚ Litter dropped by patrons.
- ✚ Cooking smells.
- ✚ People congregating after late-night drinking, where there is a small associated risk for violence and anti-social behaviour to occur as a result.

Much of the late night concerns are caused by alcohol led premises. Even though Popeyes do not serve or sell alcohol, Popeyes recognise that after 1am there is a chance that persons could be attracted to the restaurant from alcohol premises. Popeyes therefore propose to close to the public at 01:00 on Sunday to Wednesday and to request delivery only on those days until 02:00.

In addition, the Proposed conditions below have therefore been designed to promote the Licensing Objectives. Popeyes does everything to ensure that staff are adequately trained to run a safe, ordered and family-friendly restaurant.

1. A CCTV system with recording equipment must be installed and maintained at the premises and operated with cameras in positions agreed with the Police. All recordings used in conjunction with CCTV must:
 - Be of evidential quality in all lighting conditions;
 - Indicate the correct time and date; and
 - Be retained for a period of 31 consecutive days.

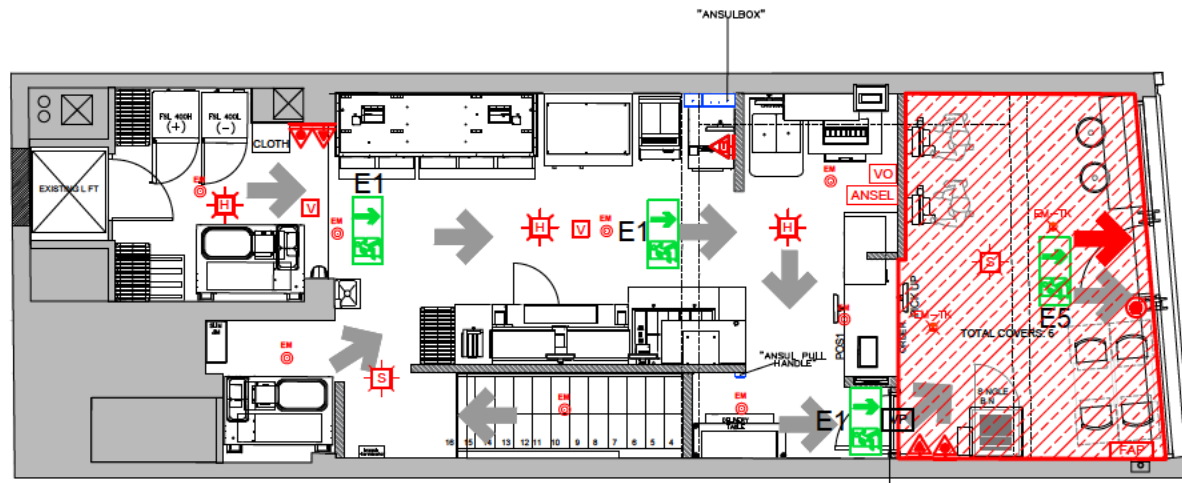
A member of staff trained to use the system must be on duty at all times licensable activities are taking place, as the recorded images must be available for inspection immediately upon request to all officers of Responsible Authorities. A system must be in place to provide images for uploading upon request to the Police. There must also be adequate portable hardware (such as compact disks or USB storage devices) at the premises, as the recorded images must be available for downloading immediately upon request to officers of other Responsible Authorities.

2. All images downloaded from the CCTV system, must be provided in a format that can be viewed on readily available equipment without the need for specialist software.
3. An incident/accident book or electronic record will be kept to record all instances of disorder, damage to property and personal injury at the premises. Such records are

to be made available for inspection and copying by the Police and other officers of Responsible Authorities immediately upon request, and all such records to be retained at the premises for at least 12 months.

4. Persons carrying any open vessel(s) that may contain alcohol must not be admitted to the premises.
5. All areas of the premises, that the public have access to, must be 'glass free' at all times the premises are open to the public.
6. Deliveries must only be delivered to a residential or business address and not to an open public space such as a street corner, park etc.
7. Clear and legible notices must be prominently displayed requesting delivery drivers not to loiter unnecessarily in any area outside the premises and to leave in a quiet and orderly manner.
8. Delivery drivers will be managed by staff to ensure that they do not cause a nuisance.
9. Staff must ensure that the front of the premises is swept and kept clean.
10. Staff must ensure that patrons do not congregate outside the restaurant.
11. When the Premises is open to and accessible by members of the general public a minimum of one Security Industry Authority (SIA) Door Supervisors will be employed at the Premises on Fridays and Saturdays from 22:00hrs until close.
12. On other days and at other times, Security Industry Authority licensed door supervisors must be employed at the premises on occasions as deemed necessary by the Premises Licence Holder and/or premises management following a risk assessment and on occasions when requested by, and following consultation with the Police.
13. A register of door supervisors shall be kept at the Premises. The Register shall show the full name and SIA registration number of each door supervisor, stating the start and end duty times from each door supervisor. The Register shall be kept by the DPS for a minimum of 12 months and will be made available to a Police employee on request.
14. The Premises Management must ensure that any WIFI System used by patrons at the Premises can be switched off between 23:00-02:00hrs to prevent or defuse any antisocial behaviour or at the request of Police.
15. The Premises shall have a policy to ensure the welfare and safeguarding of vulnerable patrons. Staff shall be able to support and assist people who feel unsafe, vulnerable or threatened. Should customers approach the venue for assistance, these incidents shall be recorded in an

incident log. This policy shall be made available to police or authorised officers of the Licensing Authority upon request.



PROPOSED GROUND FLOOR PLAN
SCALE 1:50 @ A1, 1:100 @ A3

- ZONE TO BE SPRINKLERED (IF APPLICABLE)
- FIRE BOUNDARY INDICATING PARTITION TO HAVE 60MINS FIRE RATING IN ADDITION TO WALL CONSTRUCTION REFERENCE, ANY DOORS WITHIN INDICATED PARTITION TO HAVE 30 MINUTES FIRE RATING. BUILDING CONTROL TO CONFIRM
- FIRE BOUNDARY INDICATING PARTITION TO HAVE 30MINS FIRE RATING IN ADDITION TO WALL CONSTRUCTION REFERENCE, ANY DOORS WITHIN INDICATED PARTITION TO HAVE 30 MINUTES FIRE RATING. BUILDING CONTROL TO CONFIRM

NOTES
VOID DETECTION TO BE INSTALLED TO ALL CEILING VOIDS OF 800MM OR GREATER DEPTH. FINAL POSITIONS TO BE AGREED FOLLOWING SITE STRIP OUT.

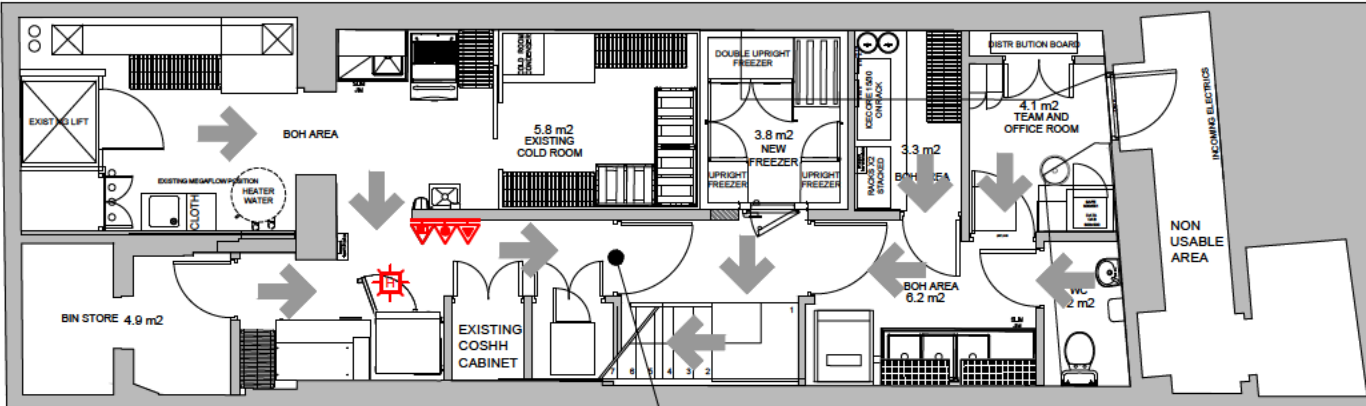
LICENSED PREMISES
THE LOCATION AND TYPE OF FIRE SAFETY AND ANY OTHER FIRE SAFETY EQUIPMENT IS SHOWN AS AT PRESENT. THIS MAY BE VARIED FROM TIME TO TIME WITH THE AGREEMENT OF THE FIRE OFFICER OR AFTER A FIRE RISK ASSESSMENT.

- INTERNAL LICENSABLE AREA
- EXTERNAL LICENSABLE AREA

INTERNAL LICENSABLE AREA : 15.8 sq.m / 170 sq.ft
EXTERNAL LICENSABLE AREA : 0 sq.m / 0 sq.ft
TOTAL LICENSABLE AREA : 15.8 sq.m / 170 sq.ft
TOTAL NUMBER OF COVERS: 6

FIRE ALARM	
A CATEGORY L1 FIRE ALARM SYSTEM WILL BE INSTALLED TO BS5839 PART 1 2017 CODE OF PRACTICE FOR SYSTEM DESIGN, INSTALLATION, COMMISSIONING AND MAINTENANCE, COMPRISING OF DEVICES AS INDICATED.	
	FIRE ALARM PANEL
	MAGNETIC DOOR HOLDER
	MANUAL CALL POINT
	HEAT DETECTOR
	HEAT SOUNDER
	HEAT/SOUNDER/BEACON
	SMOKE DETECTOR
	SMOKE/SOUNDER
	SMOKE/SOUNDER/BEACON
	INDICATOR FOR VOID DETECTOR
	VOID DETECTOR
	INTERFACE
	SOUNDER
	BEACON
	INTERFACE M = MUSIC H = HVAC A = ANSUL L = LANDLORD S = SPRINKLER D = DOOR MAG P = PAVA
	DISABLED ALARM RESET BUTTON
	DISABLED ALARM PULL CORD
	DISABLED OVER DOOR BEACON
TO BE READ IN CONJUNCTION WITH LEACROFT PLAN - POP PIC SYS-FA-REV A	

FIRE SIGN	
ALL FIRE SAFETY SIGNS TO BE SUPPLIED AND INSTALLED IN ACCORDANCE WITH BS 5499	
MANDATORY SIGNS	
	WHITE LETTERING ON A BLUE CIRCLE STATING FIRE DOOR KEEP SHUT
	WHITE LETTERING ON A BLUE CIRCLE STATING FIRE DOOR KEEP LOCKED
	WHITE LETTERING ON A BLUE CIRCLE STATING FIRE DOOR KEEP CLEAR
PROHIBITION SIGNS	
BLACK GRAPHIC SYMBOL ON A WHITE BACKGROUND WITH A RED CIRCLE AND RED BAND	
	NO SMOKING SIGN 150x125mm FROM SETON OR SIMILAR APPROVED IN POLISHED CHROME EFFECT REF. ML020GSLM
SAFE CONDITION SIGNS	
THESE SIGNS INDICATE EXIT ROUTES, IN THE EVENT OF A FIRE ARE NORMAL GREEN TEXT/SYMBOL ON A WHITE BACKGROUND	
	PUSH BAR TO OPEN, NOTICE TO BE FITTED ABOVE PUSH BAR IN 80mm HIGH LETTERING, SIGN TO BE INSTALLED 900-1100mm AFFL
	ASSEMBLY POINT SIGN
SUPPLEMENTAL INFORMATION	
	FIRE ACTION NOTICE - NORMALLY LOCATED WITHIN OFFICE AREA
FIRE DOORS	
ALL TO BE SUPPLIED AND INSTALLED TO ACHIEVE THE RELEVANT FIRE PROTECTION INCLUDING INTUMESCENT STRIPS/SMOKE SEALS/ ENSURE THE GAP AROUND THE DOOR IS NO LARGER THAN 5mm	
	30min FIRE RATED SOLID CORE DOOR WITH COLD SMOKE SEALS & INTUMESCENT STRIPS
	60min FIRE RATED SOLID CORE DOOR WITH COLD SMOKE SEALS & INTUMESCENT STRIPS
	DOOR WITH VISION PANEL



PROPOSED BASEMENT FLOOR PLAN
SCALE 1:50 @ A1, 1:100 @ A3

ALLOW TO RETAIN EXISTING EMERGENCY LIGHTING AND DETECTORS THROUGHOUT THE BASEMENT LEVEL, ALLOW FOR A NEW HEAT DETECTOR TO PROPOSED OVEN AS REQUIRED

FLOOR PLAN GENERAL NOTES

1. THIS DRAWING IS TO BE READ IN CONJUNCTION WITH SPECIFICATIONS, SCHEDULES & DRAWINGS BY DESIGN FIRST STUDIO.
2. ALL DIMENSIONS TO BE CHECKED ON SITE PRIOR TO MANUFACTURE.
3. SAMPLE OF ALL FINISHES TO BE SUBMITTED TO DESIGN FIRST STUDIO FOR APPROVAL.
4. ALL DISCREPANCIES AND OMISSIONS ON SITE MUST BE REPORTED TO DESIGNER COMMENTS OR APPROVAL PRIOR TO COMMENCING WORK.
5. ALL ELECTRICAL, LIGHTING, HVAC AND PLUMBING ISSUES TO BE REFERRED TO ENGINEERS DRAWINGS PRIOR TO COMMENCEMENT OF WORKS.
6. THE DESIGNS ARE SUBJECT TO APPROVAL BY STATUTORY AUTHORITIES AND ANY NECESSARY ALTERATIONS SHOULD BE MADE IF REQUIRED TO COMPLY WITH STATUTORY REQUIREMENTS.
7. EGRESS DOORS SHALL BE READILY OPENABLE FROM THE EGRESS SIDE WITHOUT THE USE OF A KEY OR SPECIAL KNOWLEDGE OR EFFORT.
8. ALL FIRE RATED DOORS TO BE SELF-CLOSING.
9. ALL INTERIOR FINISHES TO BE MINIMUM CLASS 1 FLAME SPREAD RATING.
10. SEE REFLECTED CEILING PLAN FOR LIGHTING AND DUCTWORK LAYOUT.
11. DO NOT FASTEN STUDS OR PLASTERBOARD TO TOP RUNNER OF NON-BEARING PLASTERBOARD PARTITIONS. CUT STUDS AND PLASTERBOARD 10mm MAX. SHORT TO ALLOW FOR VERTICAL SLAB DEFLECTION.
12. ALL DIMENSIONS TO BE FINISHED SURFACE UNLESS NOTED OTHERWISE.
13. CONTRACTOR TO COORDINATE ALL CEILING HEIGHTS WITH BUILDING SYSTEMS. OWNER TO APPROVE ALL CEILING HEIGHTS BEFORE INSTALLATION.

LIGHT FITTING SCHEDULE		
IMAGES	SYMBOL	DESCRIPTION
		TRAY, GRID AND MF - EMERGENCY LIGHT Name 3W LED Emergency Compact Downlight Finish White Notes: Suitably IP rated for internal use. Item Supplier LYCO Contact Laura Mutch Phone 01908 651102 Email Lmutch@lyco.co.uk Address 24-26 Vincent Ave, Crownhill, Milton Keynes, MK3 0AB Website www.lyco.co.uk
		X-MPR3M-UP - RECESSED LED EXIT SIGN, MAINTAINED 3HR 16M IP20 EXIT UP. FINISH - WHITE.
		EMERGENCY DIRACTIONAL LIGHT Name AADL3M/BLK Finish Black Lamp 2W LED Dimensions [mm] 266mm (w) x 212mm (h) x 35mm(d) Notes: Suitably IP rated for internal use. Item Supplier LYCO Contact Laura Mutch Phone 01908 651102 Email Lmutch@lyco.co.uk Address 24-26 Vincent Ave, Crownhill, Milton Keynes, MK3 0AB Website www.lyco.co.uk
		TRACK MOUNTED 3W LED - EMERGENCY LIGHT Name 3HR Non maintained emergency light with global track adaptor Finish BLACK Notes IP20 Item Supplier ModernLightingSolutions.co.uk

FIRE ROUTES	
	CUSTOMER ESCAPE ROUTE
	STAFF ESCAPE ROUTE
FIRE PRECAUTIONS	
	6LTR FOAM FIRE EXTINGUISHER (1x)
	2KG CO2 FIRE EXTINGUISHER (2x)
	FIRE BLANKET (1x)
ALL FIRE EXTINGUISHERS TO BE SUPPLIED AND INSTALLED BY SPECIALIST CONTRACTOR COMPLETE WITH APPROPRIATE WALL MOUNTING FIXINGS	
FIRE EXTINGUISHERS TO BE FIXED AT A HEIGHT OF 1000mm TO THE TOP OF THE EXTINGUISHER FROM THE FFL	
ALL EXTINGUISHERS TO BE SUPPLIED IN CHROME TO FOH + RED/BLACK IN ALL OTHER AREAS OUTSIDE THE VIEWING AREAS OF THE PUBLIC	
NOTE: DRAWING TO BE READ IN CONJUNCTION WITH PROPOSED FIRE ALARM LAYOUT BY LEACROFT REFERENCE - POP LEW-STS-FA-REV A	