

7

Licensing Act 2003 Sub-Committee on 1st August 2006

Report title: Application for a Premises Licence For 120a Alexandra Park Road, Muswell Hill, N10 2AE

Report of: The Lead Officer Licensing

Ward(s) affected MUSWELL HILL

1. Purpose

To consider an application by EROS ERODOTOU to provide a licensable activity in the Supply of alcohol

2. Recommendations

- 2.1 (a) Grant the application as asked
(b) Modify the conditions of the licence, by altering or omitting or adding to them
(c) Reject the whole or part of the application

The Committee is asked to note that it may not modify the conditions or reject the whole or part of the application unless it is necessary to promote the licensing objectives.

Report authorised by: Robin Payne.....


Assistant Director Enforcement Services

Contact Officer: Ms Daliah Barrett

Telephone: 020 8489 5103

3. Executive summary

For consideration by Sub Committee under Licensing Act 2003 for a New Premises licence

4. Access to information:

Local Government (Access to Information) Act 1985
Background Papers

The following Background Papers are used in the preparation of this Report:

File: 102A ALEXANDRA PARK ROAD, LONDON, N10 2AE

The Background Papers are located at Enforcement Service, Civic Centre, High Road Wood Green N22

Background

- 5.1** Application by **EROS ERODOTOU**, for a New Premises Licence in respect of **120A ALEXANDRA PARK ROAD** under the Licensing Act 2003.

Details of new Premises Licence application – App 1

The premises is operating as greengrocers and mini market.

Opening Hours for Public

Monday to Sunday 07.30 to 23.00

Supply of alcohol

Monday to Sunday 07.30 to 23.00

OPERATING SCHEDULE

General

C.C.T.V in operation on premises
Fire equipment

5.2 Crime and Disorder

No drinking on premises

5.3 Public Safety

Not serving anyone under influence of alcohol
Fire equipment is installed for public safety

5.4 Public Nuisance

Customers will not be served who are intoxicated and causing public nuisance.

5.5 Child Protection

Proof of ID required to any persons who does not appear to be over 18

Not supply alcohol to anyone who is under 18 years of age.

6.0 RELEVANT REPRESENTATIONS (CONSULTATION)

Responsible authorities:

6.1 Comments of Metropolitan Police

The Police have no objection to this application.

6.2 Comments of Enforcement Services:

Noise team have not commented on this application.

Food Team

Have no objections to this application

Health and Safety

Have no comments on this application.

Trading Standards

Have no objections to this application

6.3 Fire Officer

The Fire Officer has made a representation against this application. App 2

6.4 Planning Officer

Planning has no objection to this application.

6.5. Comments of Child Protection Agency or Nominee

The standard proof of ID will apply if in doubt of any persons age.

7.0 Interested Parties

No letters of representation have been received against this application.

8.0 Financial Comments

The fee which would be applicable for this application was **£190.00**

APP 1

APPLICATION FORM



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Site plan

120A Alexandra Park Road N10 2AE

HARINGEY COUNCIL
**Directorate of
 Environmental
 Services**

Robin Payne
 Assistant Director
 Enforcement Service
 639 High Road
 London N17 8BD
 Tel 020 8489 0000
 Fax 020 8489 5525

	Drawn by	DW
	Scale	1:1250
	Date	24/07/2006

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

£190.00

(1)

Reference number:

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

(2) I/We

apply for a premises licence under section 17 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 120A ALEXANDRA PARK ROAD MURWELL HILL /	
Post town 270 270 LONDON	Postcode N10 2AE

Telephone number at premises(if any)

Non-domestic rateable value of premises

Part 2 - Applicant details

Please state whether you are applying for a premises licence as

- Please tick yes
- a) an individual or individuals* please complete section (A)
 - b) a person other than an individual*
 - i. as a limited company please complete section (B)
 - ii. as a partnership 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)

(1) Insert name and address of relevant licensing authority and its reference number (optional)
(2) Insert name(s) of applicant

- 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 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:

- Please tick yes
- 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 Mrs Miss Ms Other title
(for example, Rev)

Surname First names

I am 18 years old or over Please tick yes
 Date of birth

Day	Month	Year

* Current postal address if different from premises address
 156 DEVONSHIRE HILL LANE
 TOTTENHAM N17 7NH

Post town Postcode

Daytime contact telephone number

E-mail address (optional)

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr Mrs Miss Ms Other title
(for example, Rev)

Surname First names

I am 18 years old or over Please tick yes
Date of birth

Day	Month	Year
17	09	

Current postal 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
Address
Registered number (where applicable)
Description of applicant (for example partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

What licensable activities do you intend to carry on from the premises?
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

- Please tick yes
- 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 entertainment facilities for:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K)

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

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

In all cases complete boxes N, O and P

A

Plays			Will the performance of a play take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2) 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 3)
Tue			
Wed			State any seasonal variations for performing plays (please read guidance note 4)
Thur			
Fri			Non-standard timings. Where you intend to use the premises for the performance of plays at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

B

Films			Will the exhibition of films take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2) 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 3)
Tue			
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)
Thur			
Fri			Non-standard timings. Where you intend to use the premises for the exhibition of films at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

C

Indoor sporting events			Please give further details here (please read guidance note 3)
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 4)
Wed			
Thur			Non-standard timings. Where you intend to use the premises for indoor sporting events at different times from those listed in the column on the left, please list (please read guidance note 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments			Will the boxing or wrestling entertainment take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)
Tue			
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)
Thur			
Fri			Non-standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

E

Live music			Will the performance of live music take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	
Standard days and timings (please read guidance note 6)			Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)
Tue			State any seasonal variations for the performance of live music (please read guidance note 4)
Wed			Non-standard timings. Where you intend to use the premises for the performance of live music at different times from those listed in the column on the left, please list (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

F

Recorded music			Will the playing of recorded music take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	
Standard days and timings (please read guidance note 6)			Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)
Tue			State any seasonal variations for the playing of recorded music (please read guidance note 4)
Wed			Non-standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

G

Performances of dance			Will the performance of dance take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	
Mon			Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)
Thur			
Fri			Non-standard timings. Where you intend to use the premises for the performance of dance entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

H

Anything of a similar description to that falling within (e), (f) or (g)			Please give a description of the type of entertainment you will be providing
Day	Start	Finish	
Mon			Will this entertainment take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Tue			Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Wed			Please give further details here (please read guidance note 3)
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)
Fri			
Sat			Non-standard timings. Where you intend to use the premises for the entertainment of similar description to that falling within (e), (f) or (g) at different times from those listed in the column on the left, please list (please read guidance note 5)
Sun			

Provision of facilities for making music			Please give a description of the facilities for making music you will be providing
Standard days and timings (please read guidance note 6)			Will the facilities for making music be indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)
Tue			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)
Wed			Non-standard timings. Where you intend to use the premises for provision of facilities for making music at different times from those listed in the column on the left, please list (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

Provision of facilities for dancing			Please give a description of the facilities for dancing you will be providing
Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)
Tue			State any seasonal variations for providing dancing facilities (please read guidance note 4)
Wed			Non-standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times from those listed in the column of the left, please list (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

K

Provision of facilities for entertainment of a similar description to that falling within I or J			Please give a description of the type of entertainment facility you will be providing
Standard days and timings (please read guidance note 6)			Will the entertainment facility be indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)
Tue			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within I or J (please read guidance note 4)
Wed			Non-standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within I or J at different times from those listed in the column on the left, please list (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

L

Late night refreshment			Will the provision of late night refreshment take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)
Tue			
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)
Thur			
Fri			Non-standard timings. Where you intend to use the premises for the provision of late night refreshment at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

M

Supply of alcohol			Will the sale of alcohol be for consumption - please tick box <input checked="" type="checkbox"/> (please read guidance note 7)
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	On the premises <input type="checkbox"/> Off the premises <input checked="" type="checkbox"/> Both <input type="checkbox"/>
Mon	7.30	11.00pm	State any seasonal variations for the supply of alcohol (please read guidance note 4)
Tue	7.30	11.00pm	
Wed	7.30	11.00pm	Non-standard timings. Where you intend to use the premises for the supply of alcohol at different times from those listed in the column on the left, please list (please read guidance note 5)
Thur	7.30	11.00pm	
Fri	7.30	11.00pm	
Sat	7.30	11.00pm	
Sun	7.30	10.30pm	

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name *CHRISTINE ERDOOTOU*
 Address *156 DEVONSHIRE HILL LANE TOTTENHAM*
 Postcode *N17 7NH*
 Personal Licence number (if known) *application in progress*
 Issuing licensing authority (if known)

N

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 8)

O

Hours premises are open to the public			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	7.30	11.00pm	Non-standard timings. Where you intend to use 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 5)
Tue	7.30	11.00pm	
Wed	7.30	11.00pm	
Thur	7.30	11.00pm	
Fri	7.30	11.00pm	
Sat	7.30	11.00pm	
Sun	7.30	10.30pm	

Part 3 - Operating Schedule

When do you want the premises licences to start?

Day	Month	Year

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

Day	Month	Year

Please give a general description of the premises (please read guidance note 1)

MINI MARKET
GREENGROCES

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend

--

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

a) General - all four licensing objectives (b, c, d, e) (please read guidance note 9)

C.C.T.V
FIRE EQUIPMENT
ID REQUIRED
NOT SERVEING ANYONE WHO APPEARS TO
BE UNDER INFLUENCE OF ALCOHOL

b) The prevention of crime and disorder

NO DRINKING ON PREMISES

c) Public safety

NOT SERVEING ANYONE UNDER INFLUENCE OF
ALCOHOL
HAVEING FIRE EQUIPMENT

d) The prevention of public nuisance

DO NOT SERVE ANYONE WHO APPEARS
SO LOOKS INTOXICATED

e) The protection of children from harm

Proof of ID
NOT SERVING ANY ONE UNDER 18 YEARS OF
AGE

CHECKLIST:

Please tick ✓ yes

- 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 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

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 4 - Signatures (please read guidance note 10)

Signature of applicant or applicant's solicitor or other duly authorised agent. (Please read guidance note 11)
If signing on behalf of the applicant please state in what capacity.

Signature C. Evans

Date 11, 4, 06

Capacity

For joint applications signature of 2nd applicant, 2nd applicant's solicitor or other authorised agent.
(Please read guidance note 12)

If signing on behalf of the applicant please state in what capacity.

Signature _____

Date 11, 4, 06

Capacity

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)	
Post town	Postcode
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	

Notes for Guidance

1. 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.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick 'on the premises', if you wish people to be able to purchase alcohol to consume away from the premises please tick 'off the premises'. If you wish people to be able to do both please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

Consent of individual to being specified as premises supervisor

Reference number:

I [full name of prospective premises supervisor]

of [home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

[type of application]

by

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

[name of applicant]

CONTINUED

concerning the supply of alcohol at

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

[insert personal licence number, if any]

Personal licence issuing authority

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

Name (please print)

Date

APP 2

FIRE OFFICER REPRESENTATION

FIRE AND COMMUNITY SAFETY DIRECTORATE
Roy Bishop Deputy Commissioner

Date
29 June 2006

Our Ref.
FS/31/166385/LH

Your Ref.

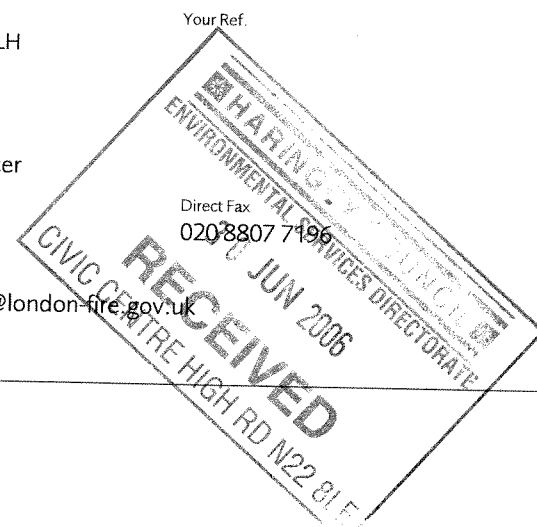
Addressee
Ms D Barrett
Lead Licensing Officer
Haringey Council
2nd Floor Civic Centre
High Road
Wood Green
London
N22 8LE

Please reply to
Tony Cadman
Inspecting Officer

Direct Telephone
020 8803 7530

Direct E-mail
haringeygroup@london-fire.gov.uk

Direct Fax
020 8807 7196



Dear Madam,

LICENSING ACT 2003

Premises: 120a Alexandra Park Road, Muswell Hill, London, N10 2AE

With reference to the application dated 11 April 2006, as shown on plan, un-numbered, the application has been examined and **the Fire Authority want to make a representation** to the Licensing Authority in relation to this application.

The applicant has been informed that the Fire Authority will be making a representation to the Licensing Authority.

The items that are of concern to this authority are detailed on the attached schedule.

Please advise me, at your earliest convenience, of the date and time of the Licensing Committee Hearing.

Should these matters be resolved to the satisfaction of this Authority at least 2 days prior to the Licensing Committee Hearing the representation will be withdrawn.

Any queries regarding this letter should be addressed to the person named at the top of the letter. If you are dissatisfied in any way with the response given, please ask to speak to the Team Leader quoting our reference.

Yours faithfully,

for Assistant Commissioner

Data Protection Act 1998: The information you have given on this form will be processed by London Fire Emergency Planning Authority for the purpose of **fire and emergency planning and control**. We will keep your details secure and will not disclose them to other organisations or third parties (except contractors or suppliers working on our behalf) without your permission unless we are legally required to do so.

For more information about how we use your personal information, see our notification entry (Z7122455) www.informationcommissioner.gov.uk or visit: www.london-fire.gov.uk

FIRE AND COMMUNITY SAFETY DIRECTORATE
Roy Bishop Deputy Commissioner

120 a Alexandra Park Road, Muswell Hill, London, N10 2AE

Our Ref.
31/166385

Your Ref.

SCHEDULE

Sheet 1 of 1

Schedule referred to in the letter reference FS/31/166385/LH under the Licensing Act 2003, issued by the London Fire and Emergency Planning Authority on 29 June 2006.

Where appropriate, a plan may form part of this Schedule to illustrate the steps which, in the opinion of the fire authority, need to be taken in order to promote the public safety objective.

NOTE : Notwithstanding any consultation undertaken by the fire authority, **before** you make any alterations to the workplace, **you** must apply for local authority building control department approval (and/or the approval of any other bodies having a statutory interest in the premises) if their permission is required for those alterations to be made.

Licensing Objective not adequately addressed	Location and detail of matters which are considered to put people at risk in the event of a fire emergency	Steps considered necessary to promote the public safety licensing objective
Public Safety	Throughout premises	See Attached plan

Data Protection Act 1998: The information you have given on this form will be processed by London Fire Emergency Planning Authority for the purpose of **fire and emergency planning and control**. We will keep your details secure and will not disclose them to other organisations or third parties (except contractors or suppliers working on our behalf) without your permission unless we are legally required to do so.

For more information about how we use your personal information, see our notification entry (Z7122455) www.informationcommissioner.gov.uk or visit: www.london-fire.gov.uk

120 ALEXANDRA PARK RD. N10.2AE. EXISTING FLOOR PLAN.
 DATE 06 SCALE 1:50 Dwg No. SK226
 FS/31/166385/LH
 NLF

LEPERA L&L AND
 ▲ WATER EXTINGUISHER
 ▲ CARBON DIOXIDE EXTINGUISHER
 ▼ EMERGENCY LIGHTING TO BS266.

ALEXANDRA PARK R.D

