

# Appendix 1 - Redacted copy of application and plans.

REDACTED  
COPY

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

ON  
WEB

### 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 Thornton Cleveleys Football Club

(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 <b>Thornton Cleveleys Football Club Gamble Road</b>			
<b>Post town</b>	Thornton Cleveleys	<b>Postcode</b>	<b>FY5 4JH</b>

Telephone number at premises (if any)	<b>TBC</b>
Non-domestic rateable value of premises	<b>£TBC</b>

#### 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  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)
- 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:

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

**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)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
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 Thornton Cleveleys Football Club
Address Gamble Road Thornton Cleveleys FY5 4JH
Registered number (where applicable) X-LAN5638
Description of applicant (for example, partnership, company, unincorporated association etc.) FA Registered Football Club
Telephone number (if any) TBC
E-mail address (optional) TBC

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
0	1	0 5 2 0 2 2

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

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)  
It is a family sports club that will be used for functions and sporting events.

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

n/a
-----

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

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

Provision of regulated entertainment

Please tick any 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 – N/A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
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 to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

**B - N/A**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 4)		
Thur					
Fri			<b><u>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</u></b> (please read guidance note 5)		
Sat					
Sun					

C – N/A

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
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 5)
Fri			
Sat			
Sun			

**D - N/A**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)		
Thur					
Fri			<b><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></b> (please read guidance note 5)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) Live music for functions or fun days/tournaments at the premises may be amplified. Music will not be amplified outside past 22:00.		
Mon	23:00	00:00			
Tue	23:00	00:00			
Wed	23:00	00:00	State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur	23:00	00:00			
Fri	23:00	00:00	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 5)		
Sat	23:00	00:00			
Sun	23:00	00:00			



F

Recorded music Standard days and timings (please read guidance note 6)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Mon	23:00	0000	<b><u>Please give further details here</u></b> (please read guidance note 3) There may be times for events where music is required outdoors, ie, during tournaments or fun days. No music to be played outside past 22:00.		
Tue	23:00	0000			
Wed	23:00	0000	<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4)		
Thur	23:00	0000			
Fri	23:00	0100	<b><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></b> (please read guidance note 5)		
Sat	23:00	0100			
Sun	23:00	0000			

G – N/A

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)		
Wed					
Thur			<b><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></b> (please read guidance note 5)		
Fri					
Sat					
Sun					

H – N/A

<p><b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p><b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><b><u>Please give further details here</u></b> (please read guidance note 3)</p>		
Wed					
Thur			<p><b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)</p>		
Fri					
Sat			<p><b><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></b> (please read guidance note 5)</p>		
Sun					

I – N/A

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Wed					
Thur			<b><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></b> (please read guidance note 5)		
Fri					
Sat					
Sun					



**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	1000	23:30			
Tue	1000	23:30			
Wed	1000	23:30			
Thur	1000	23:30			
Fri	1000	00:30			
Sat	1000	00:30			
Sun	1000	23:30			
			<b>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</b> (please read guidance note 5)		
			We intend to mostly be opening at 0900 closing by 0000, however, where the premises are booked for private functions or bank holidays there would be a requirement for an extension until 0100.		

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

Name:	[REDACTED]
Address	[REDACTED]
Postcode	[REDACTED]
Personal licence number (if known)	[REDACTED]
Issuing licensing authority (if known)	[REDACTED]



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 8).**  
 Family sports club and bar that will be supporting both the seniors and junior sections of football. I don't foresee any activity that will be of risk to children.

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<u>State any seasonal variations</u> (please read guidance note 4)
Day	Start	Finish	
Mon	0900	0000	
Tue	0900	0000	
Wed	0900	0000	
Thur	0900	0000	<b><u>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</u></b> (please read guidance note 5) Bank holidays and private functions then there may be a need to extend opening until 0130.
Fri	0900	0100	
Sat	0900	0100	
Sun	0900	0000	

**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 9)**

**b) The prevention of crime and disorder**

CD3, CD7, CD14, CD17, CD22, CD23, CD24, CD25, CD41.

**c) Public safety**

PS1, PS2, PS4,

**d) The prevention of public nuisance**

PN2, PN13, PN14, PN21, PN26, PN28, PN29, PN30.

**e) The protection of children from harm**

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

[REDACTED]		
Post town	Thornton – Cleveleys	Postcode
Telephone number (if any)	[REDACTED]	[REDACTED]
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)		
[REDACTED]		

### 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 or 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, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

PC1, PC3, PC11, PC20.

All staff will be required to go through DBS checks.

**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.

**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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** (see guidance note 11).  
**If signing on behalf of the applicant, please state in what capacity.**

Signature	Natalie Morton
Date	04/03/2022
Capacity	Committee Member and proposed DPS

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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	
Capacity	

**Consent of individual to being specified as premises supervisor**

—Natalie Anne Morton—

-----  
*[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

—Premises License—

-----  
*[type of application]*

by

—Thornton Cleveleys Football Club—

-----  
*[name of applicant]*

relating to a premises licence

—Application Enclosed

-----  
*[number of existing licence, if any]*

for

—Thornton Cleveleys Football Club, Gamble Road, Thornton Cleveleys, FY5 4JK

-----  
*[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

Thornton Cleveleys Football Club\_\_\_\_\_

-----  
*[name of applicant]*

concerning the supply of alcohol at

\_\_\_\_\_Thornton Cleveleys Football Club  
Gamble Road  
Thornton Cleveleys  
FY5 4JH



-----  
*[name and address of premises to which application relates]*

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

PA3194\_\_\_\_\_

-----  
*[insert personal licence number, if any]*

Personal licence issuing authority

Blackpool Borough Council\_\_\_\_\_

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

Signed

N Morton

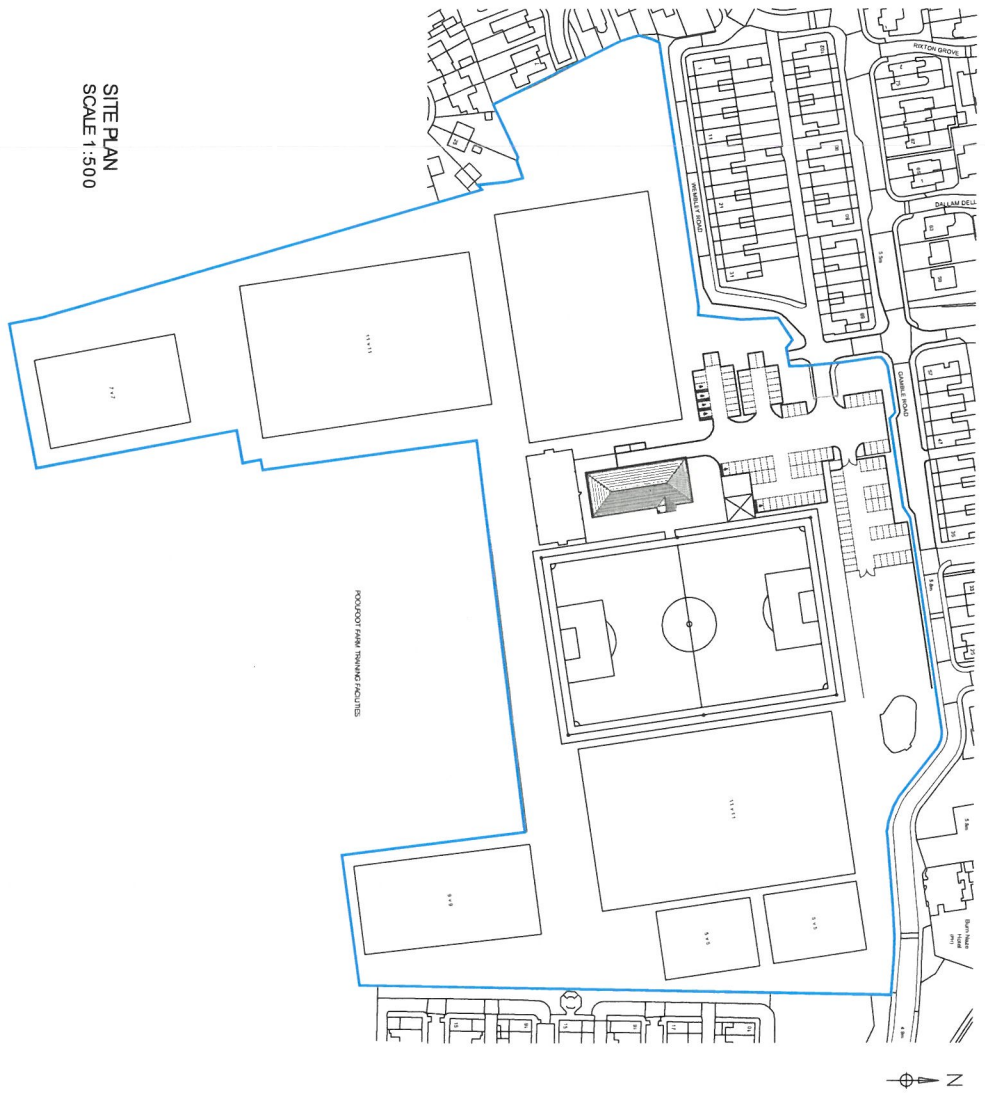
Name (please print)

Natalie Morton\_\_\_\_\_

Date

04/03/22\_\_\_\_\_

DO NOT SCALE DIMENSION FROM DRAWING



**KEY**

- SITE BOUNDARY

- NOTES**
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  2. THIS DRAWING IS TO BE USED IN CONNECTION WITH ALL OTHER DRAWINGS OF THE PROJECT.
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  5. THE USER SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY CONSENTS AND PERMISSIONS FROM THE LOCAL AUTHORITY AND OTHER RELEVANT AGENCIES.

**Keystone Design Associates Ltd.**  
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**PROJECT ADDRESS**  
 GAMBLE ROAD  
 THORNTON-CLAVERS, LANCASHIRE

**PROJECT TITLE**  
 PROPOSED CLUB HOUSE

**DRAWING TITLE**  
 SECTION 2/78 SITE PLAN

Drawn	MIRA JACKSON	Scale	1:500 @A1
Checked	JG	Date	17/09/21
DRAWING No.	A021/152/BR/35		

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**NOTES**

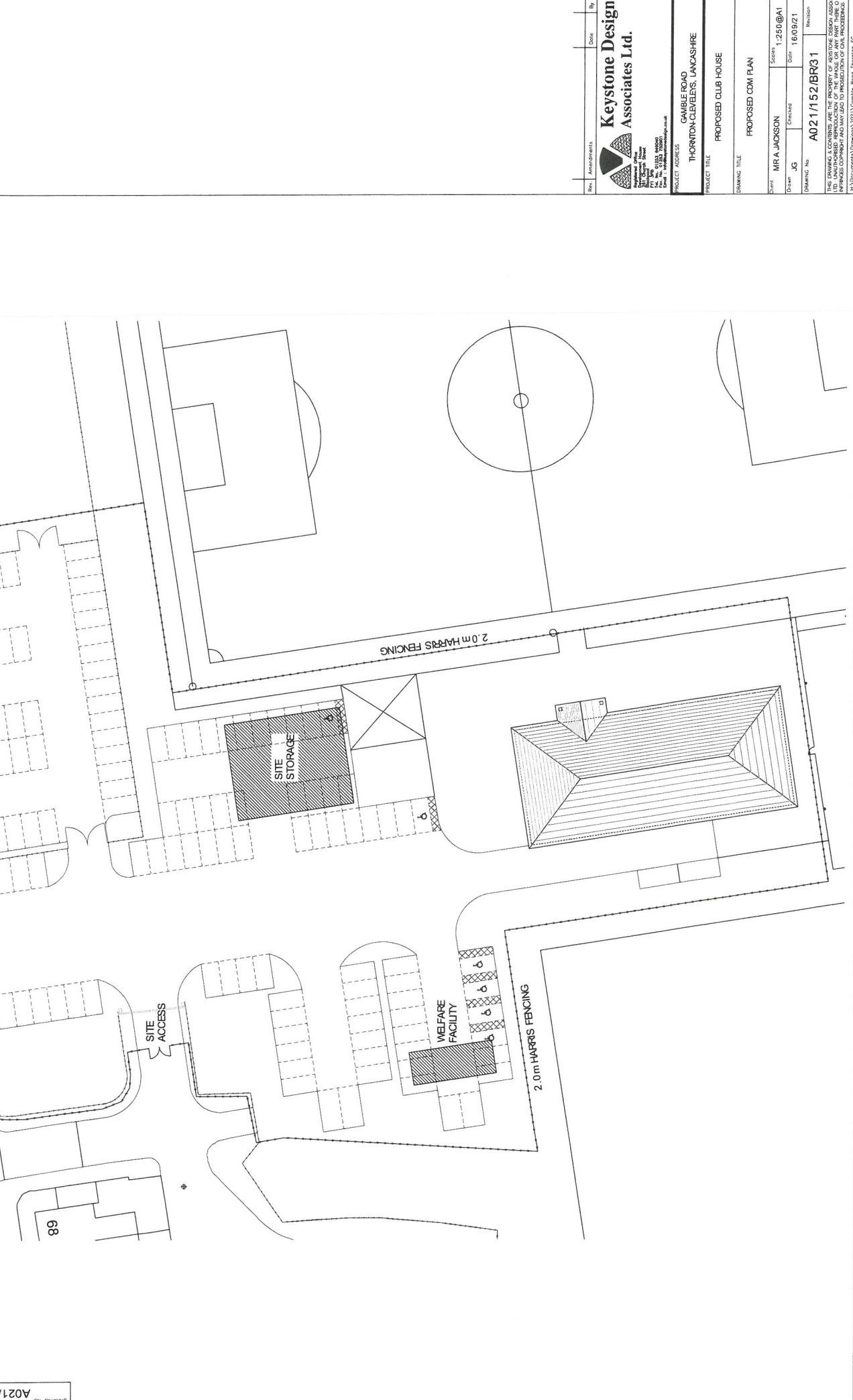
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2.0m HARRIS FENCING

2.0m HARRIS FENCING



DRAWING No. A021/152/BR/31

Revision

Rev	Amendments	Date	By

**Keystone Design Associates Ltd.**

152, Market Street, Bolton, Greater Manchester, M4 1JG, UK  
 Tel: 0161 275 1000  
 Fax: 0161 275 1001  
 Email: info@keystonedesign.co.uk

PROJECT ADDRESS  
 GAMBLE ROAD  
 THORNTON-CLEVELEYS, LANCASHIRE

PROJECT TITLE  
 PROPOSED CLUB HOUSE

DRAWING TITLE  
 PROPOSED CDM PLAN

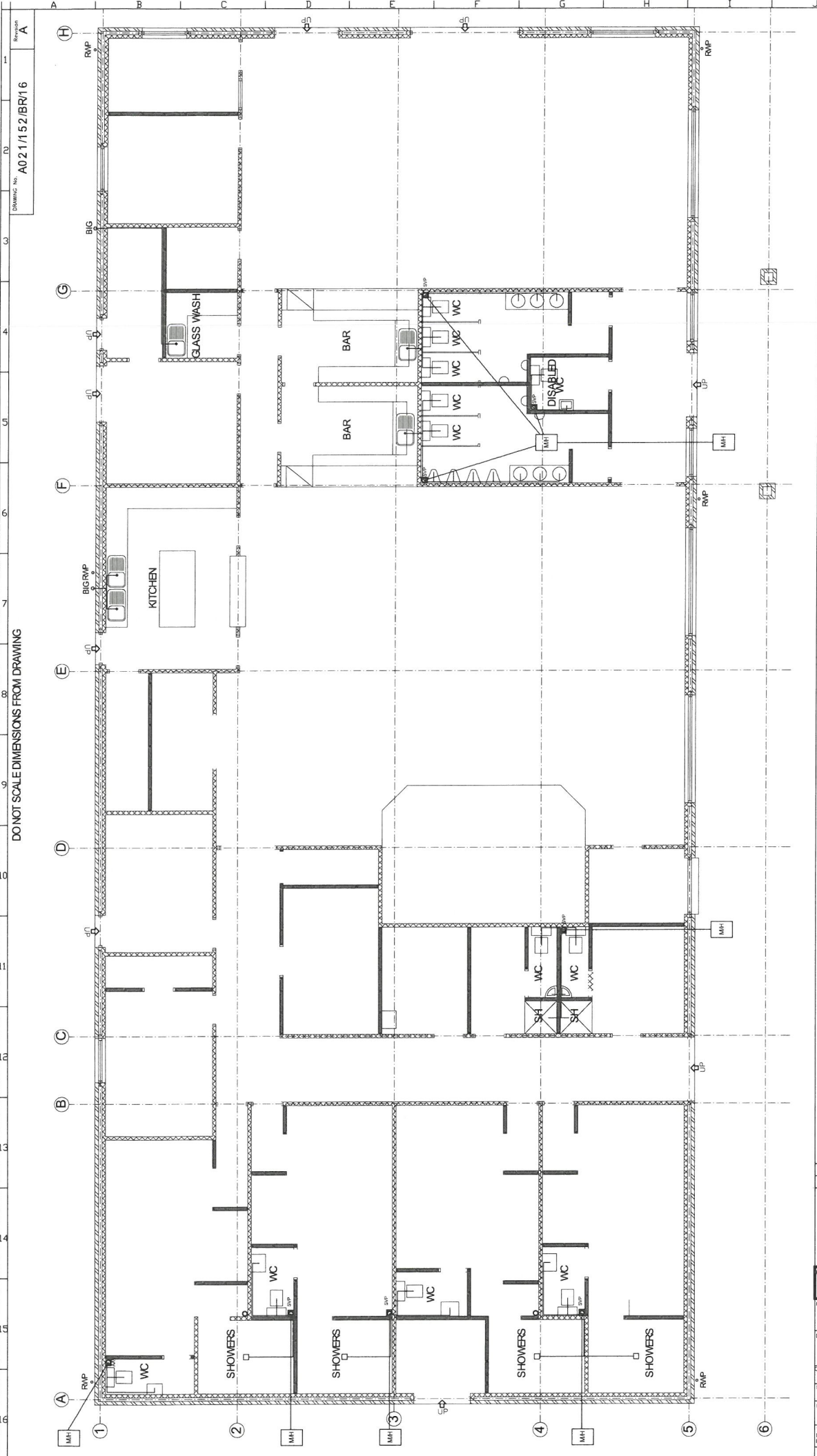
Client	MIRA JACKSON	Scale	1:250@A1
Drawn	JG	Date	16/09/21
Drawing No.	A021/152/BR/31		
Revision			

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**NOTES**

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  3. THIS DRAWING IS TO BE READ IN CONJUNCTION WITH ALL OTHER RELATED DRAWINGS AND DOCUMENTS. THE USER SHOULD CONSULT THE DRAWING ISSUE REGISTER FOR DETAILS.
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  5. THE ENGINEER/ARCHITECT SHOULD BE CONTACTED IMMEDIATELY IF THE ASSUMPTIONS USED IN THE DESIGN AND DRAWING PREPARATION DIFFER TO THAT FOUND ON SITE.
- INTERNAL PLUMBING**
1. All plumbing to comply with CP2072.
  2. RWP to have 40mm diameter plastic waste pipe with 75mm deep seal bottle traps.
  3. Mechanical ventilation to be provided in all confined rooms providing 5 air changes/hour discharging to external environment, connected to the light switch with 10 minute overrun and mandatory to kitchen and bathroom areas, pull operated rapid air ducted fans. KITCHEN RATE 40 LITRES/ SEC via wall/ceiling mounted extractor. BATHROOM 10 LITRES/ SEC. UTILITY RM 30 LITRES/ SEC.
  4. All gas and heating appliances to be designed by specialist and installed by CORG registered fitter.
  5. Radiators room marked on drawings to be fitted with thermostatic valves to every room.
  6. Boiler condenser - cold boiler, to be seasonally adjusted TRV/ thermo st controlled sealable rating of boiler to be BS1.
  7. Any soil pipes that pass through the floor to be fitted with translucent quaffing collars & boxed off with 12mm plaster board and sound insulated.
  8. Heat recovery fans sfp. cont. 88%/s minimum 64% efficiency.
  9. All pipes to be clad with 25mm plasterboard to achieve one hour fire resistance and sound insulated with rockwool.
  10. Where waste runs are excessive use anti siphon traps or 50mm pipe and air admittance valves to be fitted in accordance with building regulations approved document L1B.
  11. All Extractors & ventilation rates in accordance with approved document F.

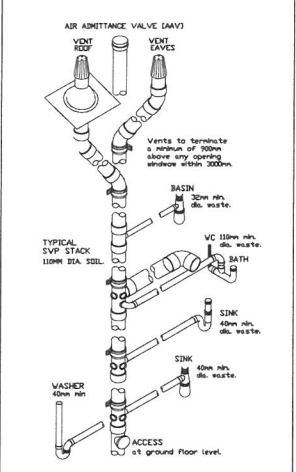
**SPECIFICATION**

**Standards:**  
All work to be in accordance with British Standards and to manufacturers recommendations. If Contractor wishes to use manufacturers different to that specified they shall only be permitted if prior approval given by Architect/Supervising Officer.

**Manufacturers/Supplies:** Data Soil pipes to BS4316 in PVC-U normal size 110mm. Vastrel to BS200/2492 as appropriate in 40 or 75 normal size 20mm, 40mm and 50mm. Traps to BS200/2492 as appropriate in 40 or 75. Overflows to BS200/2492 as appropriate in PVC-U or FC.

**Access:**  
All to be installed to BS3776. All soil pipes to have rodding access points at changes of direction and overflows self-cleaning access points at changes of direction.

**Details:**  
Soil pipes to be self colour or painted to specification. Wastes and overflows self colour but, to be painted when exposed to view or sunlight.  
Hot water system to be confirmed & kitchen layout to be finished.



Rev.	Amendments	Date	By
A	Connected to External Drainage	17/09/21	JG

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PROJECT ADDRESS  
**GAMBLE ROAD  
 THORNTON-CLEVELEYS, LANCASHIRE**

PROJECT TITLE  
**PROPOSED CLUB HOUSE**

DRAWING TITLE  
**PROPOSED INTERNAL DRAINAGE**

Client **MIR A JACKSON** Scales **1:50@A1**

Drawn **JG** Checked **JG** Date **20/07/2021**

DRAWING No **A021/152/BR/16** Revision **A**

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