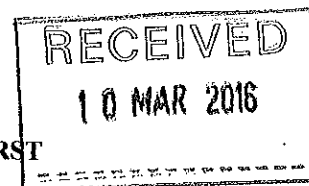




Community Safety EHTS, Health Safety & Licensing Team, Southwark Council, 3rd Floor
Hub 2, P O BOX 65429, London, SE1P 5LX

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 COIN STREET COMMUNITY BUILDERS
(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 | | | |
| COURTYARD OXO TOWER WHARF BARGEHOUSE STREET | | | |
| Post town | LONDON | Postcode | SE1 9PH |

| | |
|---|-----|
| Telephone number at premises (if any) | |
| Non-domestic rateable value of premises | £ 0 |

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) | |
| 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) | | | | | |

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 | COIN STREET COMMUNITY BUILDERS |
| Address | COIN STREET NEIGHBOURHOOD CENTRE 108 STAMFORD STREET SOUTH BANK LONDON SE1 9NH |
| Registered number (where applicable) | 1783483 |
| Description of applicant (for example, partnership, company, unincorporated association etc.) | COMPANY LIMITED BY GUARENTEE |
| Telephone number (if any) | 020 70211650 |
| E-mail address (optional) | |

Part 3 Operating Schedule

When do you want the premises licence to start?

| | | |
|----|----|------|
| DD | MM | YYYY |
| 01 | 04 | 2016 |

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)

PLEASE SEE OVERLEAF

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 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)

Part 3**Please give a general description of the premises.**

Courtyard is the public realm at Oxo Tower Wharf, a mixed use development housing exhibition and event space, design studios, cafes, restaurants and residential flats that opened to the public in 1996. The slate paved courtyard is accessible from 1 primary entrance from the riverside walkway and 2 entrances from Barge House Street. As part of an enlivenment strategy for the animation of Oxo Tower Wharf, Courtyard will house temporary events which may incorporate entertainment and the sale of alcohol.

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 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 | 10:00 | 22:00 | Please give further details here (please read guidance note 3) POTENTIALLY COMMUNITY PLAYS, STREET THEATRE, TOURING PLAYS AND COMMERCIAL PRODUCTIONS | Both | <input checked="" type="checkbox"/> |
| Tue | 10:00 | 22:00 | | | |
| Wed | 10:00 | 22:00 | State any seasonal variations for performing plays (please read guidance note 4) | | |
| Thur | 10:00 | 22:00 | | | |
| Fri | 10:00 | 22:00 | 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 | 10:00 | 22:00 | | | |
| Sun | 10:00 | 22:00 | | | |

B

| | | | | | |
|--|-------|--------|---|----------|-------------------------------------|
| Films Standard days and timings (please read guidance note 6) | | | Will the exhibition of films take place indoors or outdoors or both – please tick (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) POTENTIALLY SHORT SPECIAL INTEREST FILMS AND PROJECTIONS. | | |
| Mon | 10:00 | 22:00 | | | |
| Tue | 10:00 | 22:00 | State any seasonal variations for the exhibition of films (please read guidance note 4) | | |
| Wed | 10:00 | 22:00 | | | |
| Thur | 10:00 | 22:00 | 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 5) | | |
| Fri | 10:00 | 22:00 | | | |
| Sat | 10:00 | 22:00 | | | |
| Sun | 10:00 | 22:00 | | | |

C

| 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

| Boxing or wrestling entertainments Standard days and timings (please read guidance note 6) | | | <u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | 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 3) | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4) | | |
| Thur | | | | | |
| 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 5) | | |
| Sat | | | | | |
| Sun | | | | | |

E

| Live music Standard days and timings (please read guidance note 6) | | | Will the performance of live music take place indoors or outdoors or both – please tick (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) AMPLIFIED AND ACOUSTIC MUSIC. WHERE APPROPRIATE, A SOUND ENGINEER WILL BE PRESENT. | | |
| Mon | 10:00 | 22:00 | | | |
| Tue | 10:00 | 22:00 | | | |
| Wed | 10:00 | 22:00 | State any seasonal variations for the performance of live music (please read guidance note 4) | | |
| Thur | 10:00 | 22:00 | | | |
| Fri | 10:00 | 22:00 | 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 | 10:00 | 22:00 | | | |
| Sun | 10:00 | 22:00 | | | |

F

| | | | | | |
|---|-------|--------|---|----------|-------------------------------------|
| Recorded music Standard days and timings (please read guidance note 6) | | | Will the playing of recorded music take place indoors or outdoors or both – please tick (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) AMPLIFIED MUSIC. WHERE APPROPRIATE, A SOUND ENGINEER WILL BE PRESENT. | | |
| Mon | 10:00 | 22:00 | | | |
| Tue | 10:00 | 22:00 | | | |
| Wed | 10:00 | 22:00 | | | |
| Thur | 10:00 | 22:00 | | | |
| Fri | 10:00 | 22:00 | | | |
| Sat | 10:00 | 22:00 | | | |
| Sun | 10:00 | 22:00 | | | |
| | | | State any seasonal variations for the playing of recorded music (please read guidance note 4) | | |
| | | | 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 (please read guidance note 5) | | |

G

| Performances of dance Standard days and timings (please read guidance note 6) | | | Will the performance of dance 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 | 10:00 | 22:00 | Please give further details here (please read guidance note 3) PERFORMANCE OF DANCE BY GROUPS, TROUPES AND INDIVIDUALS TO BOTH RECORDED AND LIVE MUSIC. | Both | <input checked="" type="checkbox"/> |
| Tue | 10:00 | 22:00 | | | |
| Wed | 10:00 | 22:00 | State any seasonal variations for the performance of dance (please read guidance note 4) | | |
| Thur | 10:00 | 22:00 | | | |
| Fri | 10:00 | 22:00 | 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 (please read guidance note 5) | | |
| Sat | 10:00 | 22:00 | | | |
| Sun | 10:00 | 22:00 | | | |

H

| | | | | | |
|---|-------|--------|---|----------|--------------------------|
| Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6) | | | 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 2) | 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 3) | | |
| 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 4) | | |
| 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 5) | | |
| Sun | | | | | |

I

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

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).

L

| Hours premises are open to the public Standard days and timings (please read guidance note 6) | | | State any seasonal variations (please read guidance note 4) |
|---|-------|--------|--|
| Day | Start | Finish | |
| Mon | 10:00 | 22:00 | <p>THE PREMISES ARE ACCESSIBLE TO THE PUBLIC FROM 7AM UNTIL THE RESTAURANTS CLOSE (CIRCA MIDNIGHT-1AM). SPECIFIC EVENTS ARE IRREGULARLY PROGRAMMED THROUGHOUT THE YEAR.</p> <p>OUTSIDE THE HOURS OF 10AM-10PM OR WHEN THE PREMISES ARE NOT USED FOR EVENTS, IT IS A COURTYARD WITH NO STRUCTURES OR ENTERTAINMENT.</p> |
| Tue | 10:00 | 22:00 | |
| Wed | 10:00 | 22:00 | |
| Thur | 10:00 | 22:00 | |
| Fri | 10:00 | 22:00 | |
| Sat | 10:00 | 22:00 | |
| Sun | 10:00 | 22:00 | |
| | | | <p>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 5)</p> |

J

| | | | | | |
|--|-------|--------|--|------------------|-------------------------------------|
| Supply of alcohol Standard days and timings (please read guidance note 6) | | | Will the supply of alcohol be for consumption – please tick (please read guidance note 7) | On the premises | <input type="checkbox"/> |
| | | | | Off the premises | <input type="checkbox"/> |
| | | | | Both | <input checked="" type="checkbox"/> |
| Day | Start | Finish | State any seasonal variations for the supply of alcohol (please read guidance note 4) ALCOHOL SALES WILL BE FROM SPECIFIC POINTS WITHIN THE PREMISES AS AGREED BY THE APPLICANT AND ONLY IN PLASTIC GLASSES IF SOLD FOR CONSUMPTION AWAY FROM THIS AREA. | | |
| Mon | 12:00 | 21:00 | | | |
| Tue | 12:00 | 21:00 | | | |
| Wed | 12:00 | 21:00 | | | |
| Thur | 12:00 | 21:00 | | | |
| Fri | 12:00 | 21:00 | | | |
| Sat | 12:00 | 21:00 | | | |
| Sun | 12:00 | 21:00 | | | |
| | | | 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 5) | | |

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) | LB BROMLEY |

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)

PLEASE SEE OVERLEAF.

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

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

a) General

Our primary objective when letting the space for events is to ensure a safe environment for everyone present. Events are carried out in compliance with the CSCB's health and safety requirements. Risk assessments and method statements are carried out for events and if there are deemed to be any potential hazards or high risk situations then steps will be put in place in order to prevent or address them. All events are overseen by Coin Street Community Builders' staff who are aware of the four Licensing objectives and committed to ensuring they are observed.

b) The Prevention of crime and disorder

In the event that the space is let for an event, the organisers plan all events in consultation with the Applicant and are required to put in place any recommendations made. The organisers plan all events in consultation with the Applicant and are required to put in place any recommendations made. Where appropriate events are stewarded by professional stewards deployed at key points, wearing distinctive dress and briefed on their responsibilities and any relevant emergency procedures. The premises are covered by CCTV which is monitored by 24 hour on-site security.

c) Public Safety

In the event that the space is let for an event, there is an emergency and evacuation procedure in place and key event personnel are aware of appropriate action to take in the event of any emergency. All staff will be trained in the evacuation procedure. If a temporary event structure is erected the premises have appropriate fire extinguishers and clearly marked exits as necessary. First Aid cover will be provided. The event organiser will ensure that lighting covers areas of access and egress to the structure. No alcoholic drinks or glassware will be allowed to leave the premises. Traders will be required to have extinguishers appropriate to their operation.

d) The Prevention of Public Nuisance

Where appropriate the decibel level will be set and monitored throughout any event. Where appropriate local residents will be advised in advance of any event and if necessary will be provided with an onsite contact number in the event of any problems. Caterers onsite will be required to produce proof of registration with their local authority together with food hygiene certification, gas/electric compliance certification and insurance. People leaving the building are aware of residents living in the building and staff ensure they leave quietly and promptly. Notices are displayed at the premises asking guests to leave quietly. Guests will be directed to transport links away from residential areas. Rubbish will be managed by the event organiser who will ensure refuse is collected regularly by a waste management specialist and litter picking takes place in the surrounding area daily. Delivery and collection to the premises are time restricted.

e) The Protection of Children from Harm

Organised children's activities take place in secured areas away from areas where alcohol may be consumed or sold. The activities are monitored and, if children are not supervised by their parents, run by DBS checked practitioners. Anyone involved in the provision of alcohol complies with the licensing regulations relating to children. Alcohol is only served or sold by Personal Licence Holders.

| |
|--|
| |
|--|

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 |  |
| Date | 4 March 2016 |
| Capacity | Commercial Director CSCB |

For joint applications, signature of 2nd applicant or 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 | |
| Capacity | |

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

SOPHIE CAIN
COIN STREET COMMUNITY BUILDERS
COIN STREET NEIGHBOURHOOD CENTRE
108 STAMFORD ST.
SOUTH BANK

Post town | LONDON | Postcode | SE1 9NH

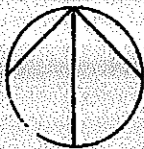
Telephone number (if any) | 020 7021 1650

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

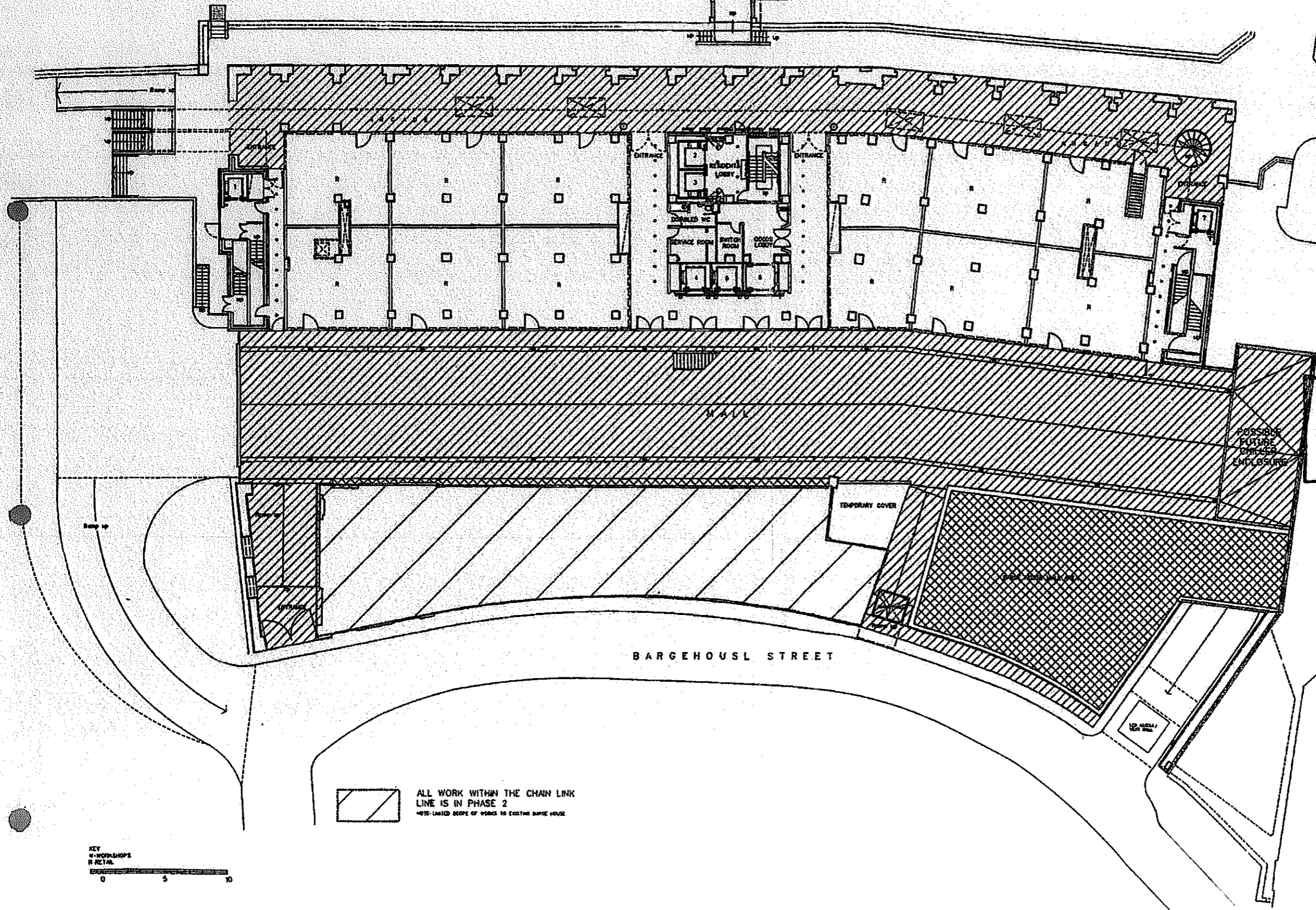
S. cain @ coin street. org.

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.



OMITTED FROM BOTH PHASES



ALL WORK WITHIN THE CHAIN LINK LINE IS IN PHASE 2
NOTE: LIMITED SCOPE OF WORKS TO EXISTING BARGE HOUSE



| | | | | | |
|---|--|-------|--------|------|--------|
| Job | 172B | Dwg | SK1012 | Rev. | A |
| Revisions: | | | | | |
| No. | | | | | Date |
| A | EXTERNAL SURFACE TYPES SHOWN EAST WEST EXTERIOR ADJACENT TO CENTRAL CORE ADJUSTED. | | | | |
| TROLLOPE & COLLS LTD STAMFORD WHARF 6103 26 JUL 1994 | | | | | |
| NOT FOR CONSTRUCTION | | | | | |
| | | | | | |
| STAMFORD WHARF Coin Street Community Builders | | | | | |
| Lifschutz Davidson Design Ltd. Thomas Wharf Studios, Rotherhithe Road, London SE 16 4HA Telephone: 0713853344 | | | | | |
| Building Reference | | | | | |
| Title GROUND FLOOR PLAN PHASE 1 ONLY | | | | | |
| Drawn | CAD | Scale | 1:150 | Date | FEB 94 |
| Job | 172B | Dwg | SK1012 | Rev. | A |