

# Appendix 1



FOR OFFICE USE			
Receipt No:	FEE REQUIRED:	Date:	Initials:
On-Line Payment Ref:			

This form should be completed and forwarded to: Licensing Section, Mulberry Place, 5 Clove Crescent, London E14 2BG with a cheque for the correct fee, made payable to the London Borough of Tower Hamlets.

On-Line payments can be made at:

[http://www.towerhamlets.gov.uk/content\\_pages/pay\\_it.aspx](http://www.towerhamlets.gov.uk/content_pages/pay_it.aspx)

Or alternatively from <http://www.towerhamlets.gov.uk/> under 'Online Services'

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

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

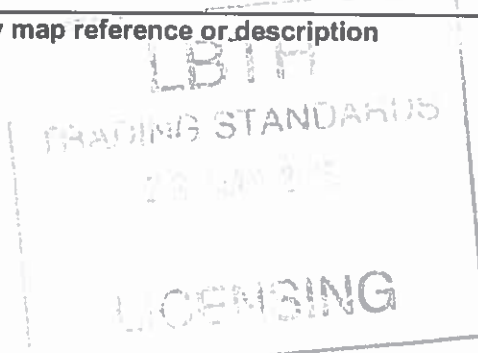
Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

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

I/We (Insert name(s) of applicant) ROYAL PHARMACEUTICAL SOCIETY OF GREAT BRITAIN

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	
66-68 EAST SMITHFIELD	
	
Post town	Post code
LONDON	E1W 1AW

Telephone number at premises (if any) [REDACTED]

Non-domestic rateable value of premises £282,500 (TBC)

## 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) an individual 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 as appropriate
- 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

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

**Surname**  **First names**

I am 18 years old or over

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	ROYAL PHARMACEUTICAL SOCIETY OF GREAT BRITAIN
Address	LEVELS 2 MORE RIVERSIDE LONDON, SE1 2AP
Registered number (where applicable)	RC000799
Description of applicant (for example partnership, company, unincorporated association etc)	ROYAL CHARTER
Telephone number, if any	[REDACTED]
E-mail (optional)	

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day	Month	Year
22	06	2015

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

Day	Month	Year

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

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Please give a general description of the premises (please read guidance note1)

MEMBERSHIP ORGANISATION WITH FUNCTION & MEETING ROOMS FOR CORPORATE USE & PRIVATE HIRE. THERE IS NO REQUIREMENT FOR OFF-SUPPLIES OF ALCOHOL.

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 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 L)

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

**In all cases complete boxes K, L and M**

**A**

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

**B**

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

**C**

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

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 (please read guidance note 5)

**D**

<b>Boxing or wrestling entertainment</b> Standard days and timings (please read guidance note 6)			Will the Boxing or wrestling entertainment take place indoors or outdoors or both - please tick (please read guidance note 2)	Indoors		
Day	Start	Finish		Outdoors		
				Both		
Mon			Please give further details here (please read guidance note 3)			
Tue						
Wed						
Thur						
Fri						
Sat						
Sun						

State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)

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 (please read guidance note 5)



**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)</b>	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	<b>Please give further details here (please read guidance</b>		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
			<b>State any seasonal variations for the performance of live music (please read guidance note 4)</b>		
			<b>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)</b>		

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)</b>	Indoors	<input checked="" type="checkbox"/>
				Outdoors	
				Both	
Day	Start	Finish	<b>Please give further details here (please read guidance note 3)</b> AMPLIFIED MUSIC TO ACCOMPANY BOTH EVENTS & MEETINGS FOR BOTH INTERNAL & EXTERNAL (PUBLIC) EVENTS .		
Mon	08:00	23:00			
Tue	08:00	23:00			
Wed	08:00	23:00			
Thur	08:00	23:00			
Fri	08:00	23:00			
Sat	08:00	23:00			
Sun	08:00	23:00			
			<b>State any seasonal variations for playing recorded music (please read guidance note 4)</b>		
			<b>Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)</b>		

**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 [Y] (please read guidance note 2)	Indoors		
Day	Start	Finish		Outdoors		
Mon			Please give further details here (please read guidance note 4)	Both		
Tue						
Wed				State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur						
Fri						
Sat				Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list (please read guidance note 5) 5)		
Sun						

**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		
Mon	08:00	23:00	Please give further details here (please read guidance note 3) SATURDAYS & SUNDAYS INCLUDED BUT RARE. MUSIC PLAYED AS BACKGROUND PRESENTATIONS, WITHIN THE BUILDING.	
Tue	08:00	23:00		
Wed	08:00	23:00	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)	
Thur	08:00	23:00		
Fri	08:00	23:00		
Sat	08:00	23:00	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 to those listed in the column on the left, please list (please read guidance note 5)	
Sun	08:00	23:00		

<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 [Y] (please read guidance note 2)</b>	Indoors	<input checked="" type="checkbox"/>	
Day	Start	Finish		Outdoors		
Mon	08:00	23:00	<b>Please give further details here (please read guidance note 5)</b>  THIS IS CORPORATE EVENT REFRESHMENTS of BUFFETS, CANAPES, SIT DOWN MEALS ALL SERVED & PREPARED ON-SITE.	Both		
Tue	08:00	23:00				
Wed	08:00	23:00		<b>State any seasonal variations for the provision of late night refreshment (please read guidance note 4)</b>		
Thur	08:00	23:00				
Fri	08:00	23:00		<b>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 (please read guidance note 5)</b>		
Sat	08:00	23:00				
Sun	08:00	23:00				

<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 [Y] (please read guidance note 7)</b>	On the premises	<input checked="" type="checkbox"/>	
Day	Start	Finish		Off the premises		
Mon	10:00	23:00	<b>Please give further details here (please read guidance note 5)</b>  CHAMPAGNE RECEPTIONS DURING THE DAY WITH FOOD. OTHERWISE SUPPLY OF ALCOHOL WILL ORDINARILY BE IN THE EVENING SERVED WITH FOOD.	Both		
Tue	10:00	23:00				
Wed	10:00	23:00		<b>State any seasonal variations for the supply of alcohol (please read guidance note 4)</b>		
Thur	10:00	23:00				
Fri	10:00	23:00		<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 (please read guidance note 5)</b>		
Sat	10:00	23:00				
Sun	10:00	23:00				

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

Name

SILVIA LACERDA .

Address

66 EAST SMITHFIELD .  
LONDON  
Postcode E1W 1AW .

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 8)

L

Hours premises are open to the public Standard timings (please read guidance note 6)			State any seasonal variation (please read guidance note 4)
Day	Start	Finish	
Mon	06:00	20:00	<p><b>Non standard timings. Where you intend to the premises to be open at different times to those listed in the column on the left, please list (please read guidance note 5)</b></p> <p>THERE WILL BE OCCASIONS, BY PRIOR ARRANGEMENT WHEN THESE TIMES WILL BE EXTENDED / VARIED DEPENDING UPON EVENT REQUIREMENTS.</p>
Tue	06:00	20:00	
Wed	06:00	20:00	
Thur	06:00	20:00	
Fri	06:00	20:00	
Sat			
Sun			

## M

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)

- ALL EVENTS WILL BE RESTRICTED IN NUMBER
- MOST EVENTS WILL BE INTERNAL CORPORATE EVENTS RELATING TO THE PHARMACEUTICAL PROFESSION
- ALL EVENTS ARE HOSTED BY AN EVENT MANAGER
- PREMISES MANAGEMENT + SECURITY. ATTEND THROUGHOUT EACH EVENT .

b) The prevention of crime and disorder

- ALL EVENTS ARE BY INVITED GUEST LIST ONLY .
- ALL EVENTS ARE BY INVITE ONLY .
- SECURITY / PREMISES MANAGEMENT PRESENT AT EACH EVENT
- RECEPTION STAFFED AT EACH EVENT .
- BUILDING FITTED WITH CCTV, SMART CARD ACCESS ETC .
- RESTRICTED NUMBERS AT EACH EVENT .
- 

c) Public safety

- BUILDING FITTED WITH CCTV, SMART CARD ACCESS
- SECURITY / PREMISES MANAGEMENT ON SITE AT EACH EVENT .
- RAMS IN ACCORDANCE WITH RRS H4S. POLICY + PROCEDURES UNDERTAKEN FOR EACH EVENT

d) The prevention of public nuisance

- SECURITY / PREMISES MANAGEMENT ON SITE AT EACH EVENT.
- EACH EVENT WILL HAVE A STIPULATED END TIME *regulation complied with*
- NOISE REGULATIONS *will not* BE COMPLIED WITH.
- SUPPORT WILL BE PROVIDED TO ANY GUEST WHO MAY NEED ASSISTANCE GETTING HOME
- EVENT MANAGER WITH DESIGNATED RESPONSIBILITY FOR ENSURING GUESTS DO NOT CREATE PUBLIC NUISANCE

e) The protection of children from harm

- ANY REQUEST FOR CHILDREN ON SITE WOULD BE COORDINATED THROUGH PREMISES MANAGER
- SPECIFIC RISK ASSESSMENT UNDERTAKEN AND APPROPRIATE CONTROL MECHANISMS ADOPTED TO REDUCE RISK.
- CHILDREN ON SITE - RARE OCCURRENCE - BY EXCEPTION ONLY.
- CHILDREN ALWAYS ACCOMPANIED BY FAMILY MEMBER.
- NORMAL LICENSING LAWS ADHERED TO.

You have completed part 3 of this form. Below is a checklist for your assistance.

CHECKLIST:

Please tick to indicate agreement

- I have made or enclosed payment of the fee  
Insert On-Line Payment reference here if applicable :
- I have enclosed the plan of the premises
- I have sent copies of this application and the plan (showing the area to be licensed) 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

**Part 4 – Signatures** (please read guidance note 10)

**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**

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

21/5/15

Capacity

Director of Finance and Resources

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

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

SIMON REOMAN  
66 EAST SMITHFIELD.

Post town

LONDON

Post code

E1W 1AW

Telephone number (if any)

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





# DRAWING CATEGORY GA - GENERAL ARRANGEMENT

DESIGNED TO BE READ IN CONJUNCTION WITH SPECIFICATION

- 1. FINISHES
- 2. PARTITION TYPES
- 3. ELEVATIONS
- 4. DOOR SCHEDULE
- 5. WINDOW SCHEDULE



**FINISHES**  
 FINISHES TO BE SHOWN ON CONSTRUCTION WITH SPECIFICATION  
 FINISHES TO BE SHOWN ON CONSTRUCTION WITH SPECIFICATION

**PARTITION TYPES**  
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**ELEVATIONS**  
 ELEVATIONS TO BE SHOWN ON CONSTRUCTION WITH SPECIFICATION  
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**DOOR SCHEDULE**  
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 DOOR SCHEDULE TO BE SHOWN ON CONSTRUCTION WITH SPECIFICATION

**WINDOW SCHEDULE**  
 WINDOW SCHEDULE TO BE SHOWN ON CONSTRUCTION WITH SPECIFICATION  
 WINDOW SCHEDULE TO BE SHOWN ON CONSTRUCTION WITH SPECIFICATION

SYMBOL	DESCRIPTION
1	FINISHES
2	PARTITION TYPES
3	ELEVATIONS
4	DOOR SCHEDULE
5	WINDOW SCHEDULE



**PROJECT INFORMATION**  
 PROJECT NAME: PRINGLE BRANDON PERKINS + WILL  
 PROJECT ADDRESS: [REDACTED]  
 PROJECT NUMBER: [REDACTED]

**CLIENT INFORMATION**  
 CLIENT NAME: THE ROYAL PHARMACEUTICAL SOCIETY (RPS)  
 CLIENT ADDRESS: [REDACTED]  
 CLIENT CONTACT: [REDACTED]

**DESIGNER INFORMATION**  
 DESIGNER NAME: PRINGLE BRANDON PERKINS + WILL  
 DESIGNER ADDRESS: [REDACTED]  
 DESIGNER CONTACT: [REDACTED]

NO.	DATE	DESCRIPTION
01	2010-01-01	ISSUED FOR PERMITS
02	2010-02-01	REVISED PERMITS
03	2010-03-01	REVISED PERMITS
04	2010-04-01	REVISED PERMITS
05	2010-05-01	REVISED PERMITS
06	2010-06-01	REVISED PERMITS
07	2010-07-01	REVISED PERMITS
08	2010-08-01	REVISED PERMITS
09	2010-09-01	REVISED PERMITS
10	2010-10-01	REVISED PERMITS

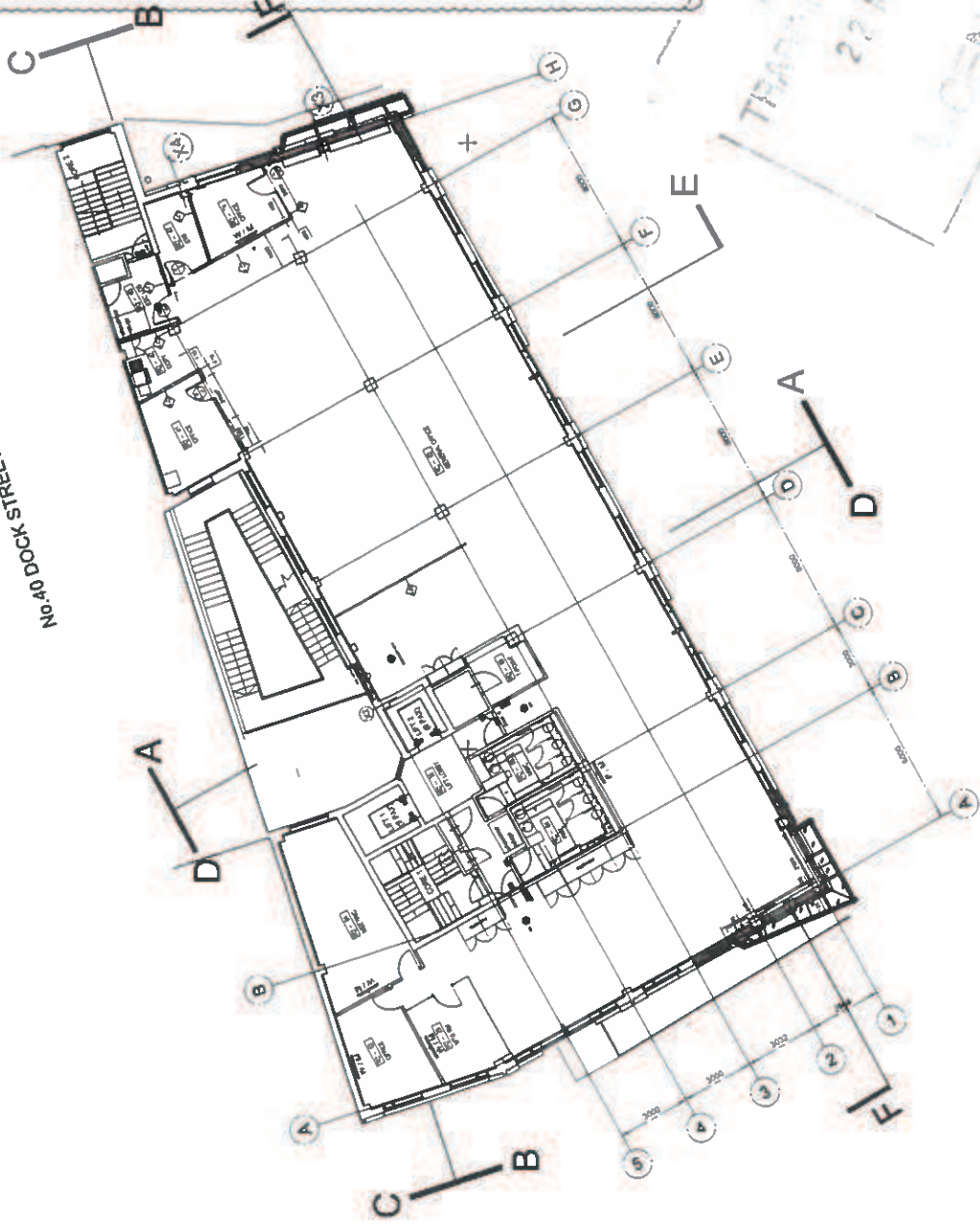
**NOTES**

1. The information is for reference only.
2. The contractor is responsible for taking and recording all dimensions on site.
3. Do not scale from drawings.
4. All dimensions are in meters unless otherwise specified.



# SECOND FLOOR

No. 40 DOCK STREET



TRADING STANDARDS  
22 MAY 2016  
LICENSING

**DRAWING CATEGORY CA - GENERAL ARRANGEMENT**  
DRAWINGS TO BE READ IN CONJUNCTION WITH SPECIFICATION

- | SYMBOL   | DESCRIPTION   |
|----------|---|
| (Symbol) | LEVEL SURFACE   |
| (Symbol) | LEVEL SURFACE TO BE FINISHED TO TOP OF FINISH FLOOR   |
| (Symbol) | CONCRETE SURFACE TO REMAIN  |
| (Symbol) | DETAIL REFERENCED AND SHOWN IN SECTION  |
| (Symbol) | WALLS TO REMAIN   |
| (Symbol) | WALLS TO BE REMOVED AND RECONSTRUCTED   |
| (Symbol) | WALLS TO BE REMOVED AND REPLACED WITH NEW WALL  |
| (Symbol) | WALLS TO BE REMOVED AND REPLACED WITH NEW WALL AND FINISH TO BE SPECIFIED   |
| (Symbol) | WALLS TO BE REMOVED AND REPLACED WITH NEW WALL AND FINISH TO BE SPECIFIED AND TO BE FINISHED TO TOP OF FINISH FLOOR   |
| (Symbol) | WALLS TO BE REMOVED AND REPLACED WITH NEW WALL AND FINISH TO BE SPECIFIED AND TO BE FINISHED TO TOP OF FINISH FLOOR AND TO BE FINISHED TO TOP OF FINISH FLOOR |

INDICATES PARTITION WITH ADJUSTABLE GLASS PANELS TO BE SPECIFIED BY THE ARCHITECT  
INDICATES PARTITION WITH ADJUSTABLE GLASS PANELS TO BE SPECIFIED BY THE ARCHITECT AND TO BE FINISHED TO TOP OF FINISH FLOOR

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**PARTITION NOTES**  
PARTITIONS SHALL BE CONSTRUCTED IN ACCORDANCE WITH THE REQUIREMENTS OF THE BUILDING REGULATIONS AND THE SPECIFICATION TO THE BUILDING REGULATIONS. PARTITIONS SHALL BE FINISHED TO TOP OF FINISH FLOOR UNLESS OTHERWISE SPECIFIED.

ALL PARTITIONS SHALL BE CONSTRUCTED IN ACCORDANCE WITH THE REQUIREMENTS OF THE BUILDING REGULATIONS AND THE SPECIFICATION TO THE BUILDING REGULATIONS. PARTITIONS SHALL BE FINISHED TO TOP OF FINISH FLOOR UNLESS OTHERWISE SPECIFIED.

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NO.	REVISION	DATE	BY	CHKD.
1	ISSUED FOR PERMIT	15/05/2016	MB	MB
2	ISSUED FOR PERMIT	15/05/2016	MB	MB
3	ISSUED FOR PERMIT	15/05/2016	MB	MB
4	ISSUED FOR PERMIT	15/05/2016	MB	MB
5	ISSUED FOR PERMIT	15/05/2016	MB	MB
6	ISSUED FOR PERMIT	15/05/2016	MB	MB
7	ISSUED FOR PERMIT	15/05/2016	MB	MB
8	ISSUED FOR PERMIT	15/05/2016	MB	MB
9	ISSUED FOR PERMIT	15/05/2016	MB	MB
10	ISSUED FOR PERMIT	15/05/2016	MB	MB

**Paragon**  
ARCHITECTS LTD

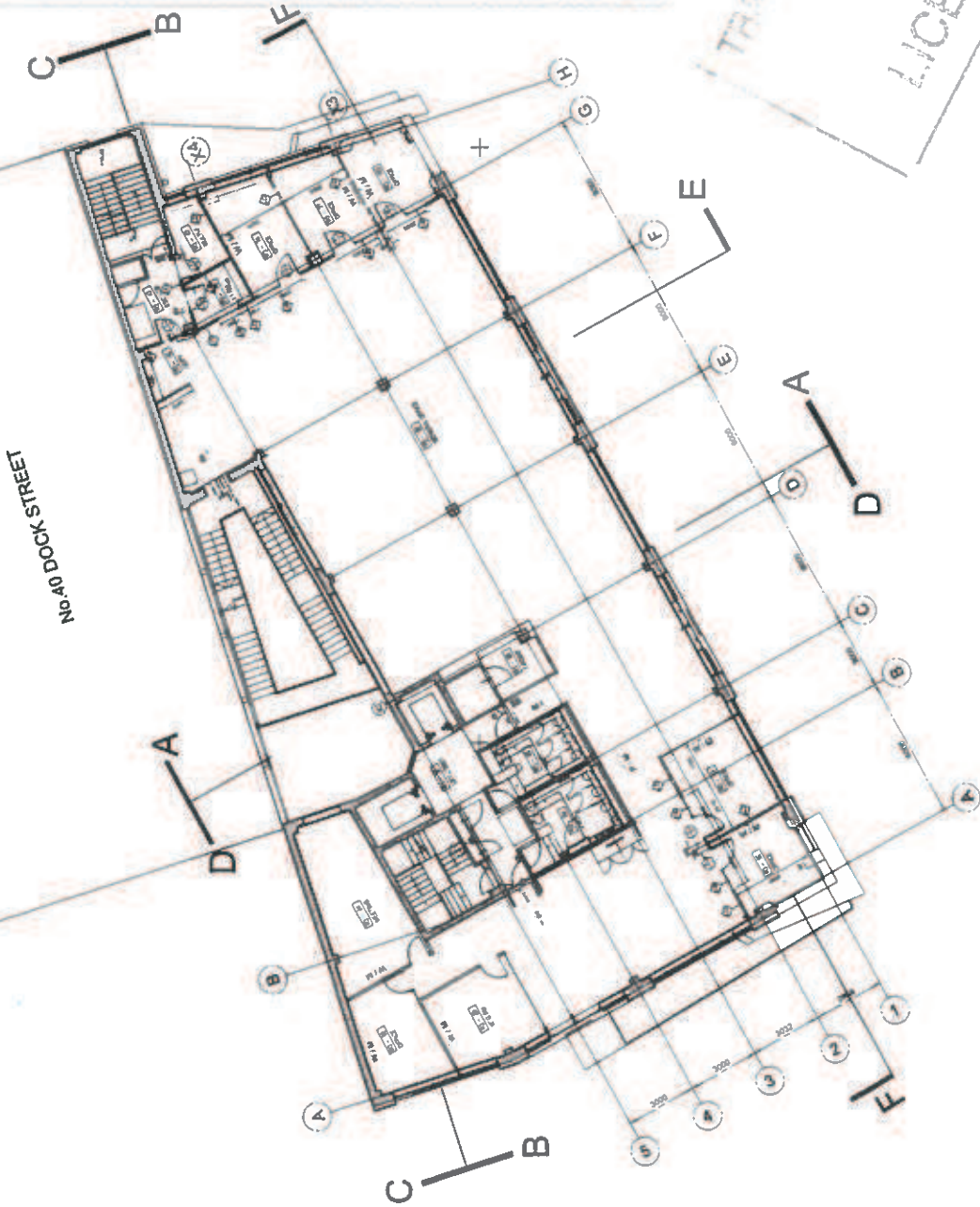
THE ROYAL PHARMACEUTICAL SOCIETY (RPS)  
**PRINGLE BRANDON PERKINS + WILL**  
ARCHITECTS

PROJECT NO: PBPW-323175 - A-GA-02  
DRAWING NO: 21108.01.11  
DATE: 15/05/2016

1. Drawing indicates design intent only.
2. Responsibility of contractor to verify and comply with all dimensions on site.
3. Do not scale from drawings.
4. Assent of dimensions to the architect below.

THIRD FLOOR

ON 40 DOCK STREET



- 1. ROOM NO. 301
- 2. ROOM NO. 302
- 3. ROOM NO. 303
- 4. ROOM NO. 304
- 5. ROOM NO. 305
- 6. ROOM NO. 306
- 7. ROOM NO. 307
- 8. ROOM NO. 308
- 9. ROOM NO. 309
- 10. ROOM NO. 310
- 11. ROOM NO. 311
- 12. ROOM NO. 312
- 13. ROOM NO. 313
- 14. ROOM NO. 314
- 15. ROOM NO. 315
- 16. ROOM NO. 316
- 17. ROOM NO. 317
- 18. ROOM NO. 318
- 19. ROOM NO. 319
- 20. ROOM NO. 320

#### PARTITION NOTES

1. ALL PARTITIONS SHALL BE CONSTRUCTION QUALITY. ALL PARTITIONS SHALL BE BUILT TO THE REQUIREMENTS OF THE INTERNATIONAL BUILDING CODE (IBC) AND THE NEW YORK STATE BUILDING CODE. ALL PARTITIONS SHALL BE BUILT TO THE REQUIREMENTS OF THE INTERNATIONAL BUILDING CODE (IBC) AND THE NEW YORK STATE BUILDING CODE. ALL PARTITIONS SHALL BE BUILT TO THE REQUIREMENTS OF THE INTERNATIONAL BUILDING CODE (IBC) AND THE NEW YORK STATE BUILDING CODE. ALL PARTITIONS SHALL BE BUILT TO THE REQUIREMENTS OF THE INTERNATIONAL BUILDING CODE (IBC) AND THE NEW YORK STATE BUILDING CODE.

**DRAWING CATEGORY GA - GENERAL**

**ARRANGEMENT**

**DRAWINGS TO BE READ IN CONJUNCTION WITH THE EXISTING ARCHITECTURAL DRAWINGS & SPECIFICATIONS**

**REVISED**

- 1. REVISED BY: [Signature]
- 2. DATE: [Date]

**REVISED**

- 1. REVISED BY: [Signature]
- 2. DATE: [Date]

**PARTITION TYPES**

Type	Description
1	ALL GLASS PARTITIONS SHALL BE 1/2" THICK CLEAR GLASS WITH AN INTERIOR FINISH OF POLYURETHANE GLASS PAINT.
2	ALL GLASS PARTITIONS SHALL BE 1/2" THICK CLEAR GLASS WITH AN INTERIOR FINISH OF POLYURETHANE GLASS PAINT.
3	ALL GLASS PARTITIONS SHALL BE 1/2" THICK CLEAR GLASS WITH AN INTERIOR FINISH OF POLYURETHANE GLASS PAINT.
4	ALL GLASS PARTITIONS SHALL BE 1/2" THICK CLEAR GLASS WITH AN INTERIOR FINISH OF POLYURETHANE GLASS PAINT.
5	ALL GLASS PARTITIONS SHALL BE 1/2" THICK CLEAR GLASS WITH AN INTERIOR FINISH OF POLYURETHANE GLASS PAINT.
6	ALL GLASS PARTITIONS SHALL BE 1/2" THICK CLEAR GLASS WITH AN INTERIOR FINISH OF POLYURETHANE GLASS PAINT.
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9	ALL GLASS PARTITIONS SHALL BE 1/2" THICK CLEAR GLASS WITH AN INTERIOR FINISH OF POLYURETHANE GLASS PAINT.
10	ALL GLASS PARTITIONS SHALL BE 1/2" THICK CLEAR GLASS WITH AN INTERIOR FINISH OF POLYURETHANE GLASS PAINT.
11	ALL GLASS PARTITIONS SHALL BE 1/2" THICK CLEAR GLASS WITH AN INTERIOR FINISH OF POLYURETHANE GLASS PAINT.
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13	ALL GLASS PARTITIONS SHALL BE 1/2" THICK CLEAR GLASS WITH AN INTERIOR FINISH OF POLYURETHANE GLASS PAINT.
14	ALL GLASS PARTITIONS SHALL BE 1/2" THICK CLEAR GLASS WITH AN INTERIOR FINISH OF POLYURETHANE GLASS PAINT.
15	ALL GLASS PARTITIONS SHALL BE 1/2" THICK CLEAR GLASS WITH AN INTERIOR FINISH OF POLYURETHANE GLASS PAINT.
16	ALL GLASS PARTITIONS SHALL BE 1/2" THICK CLEAR GLASS WITH AN INTERIOR FINISH OF POLYURETHANE GLASS PAINT.
17	ALL GLASS PARTITIONS SHALL BE 1/2" THICK CLEAR GLASS WITH AN INTERIOR FINISH OF POLYURETHANE GLASS PAINT.
18	ALL GLASS PARTITIONS SHALL BE 1/2" THICK CLEAR GLASS WITH AN INTERIOR FINISH OF POLYURETHANE GLASS PAINT.
19	ALL GLASS PARTITIONS SHALL BE 1/2" THICK CLEAR GLASS WITH AN INTERIOR FINISH OF POLYURETHANE GLASS PAINT.
20	ALL GLASS PARTITIONS SHALL BE 1/2" THICK CLEAR GLASS WITH AN INTERIOR FINISH OF POLYURETHANE GLASS PAINT.

**REVISIONS**

NO. DATE BY DESCRIPTION

1. 05/22/2015 [Signature] [Description]

2. [Signature] [Description]

3. [Signature] [Description]

4. [Signature] [Description]

5. [Signature] [Description]

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8. [Signature] [Description]

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11. [Signature] [Description]

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15. [Signature] [Description]

16. [Signature] [Description]

17. [Signature] [Description]

18. [Signature] [Description]

19. [Signature] [Description]

20. [Signature] [Description]

TRADE STANDARDS  
22 MAY 2015  
LICENSING

**THE ROYAL PHARMACEUTICAL SOCIETY (RPS)**

**PRINGLE BRADON PERKINS + WILL**

**P87M-22175 - A-GA-03**

DATE: 05/22/2015  
DRAWING NO.: A-GA-03  
PROJECT NO.: P87M-22175

**PRINGLE BRADON PERKINS + WILL**

1100 BAY ST.  
NEW YORK, NY 10011  
PHONE: (212) 512-2000  
FAX: (212) 512-2001  
WWW.PRINGLEPERKINS.COM

NO.	DESCRIPTION	DATE	BY
1	ISSUED FOR PERMIT	05/22/2015	[Signature]
2	ISSUED FOR PERMIT	05/22/2015	[Signature]
3	ISSUED FOR PERMIT	05/22/2015	[Signature]
4	ISSUED FOR PERMIT	05/22/2015	[Signature]
5	ISSUED FOR PERMIT	05/22/2015	[Signature]
6	ISSUED FOR PERMIT	05/22/2015	[Signature]
7	ISSUED FOR PERMIT	05/22/2015	[Signature]
8	ISSUED FOR PERMIT	05/22/2015	[Signature]
9	ISSUED FOR PERMIT	05/22/2015	[Signature]
10	ISSUED FOR PERMIT	05/22/2015	[Signature]

**Paragon**

City Building Dept.

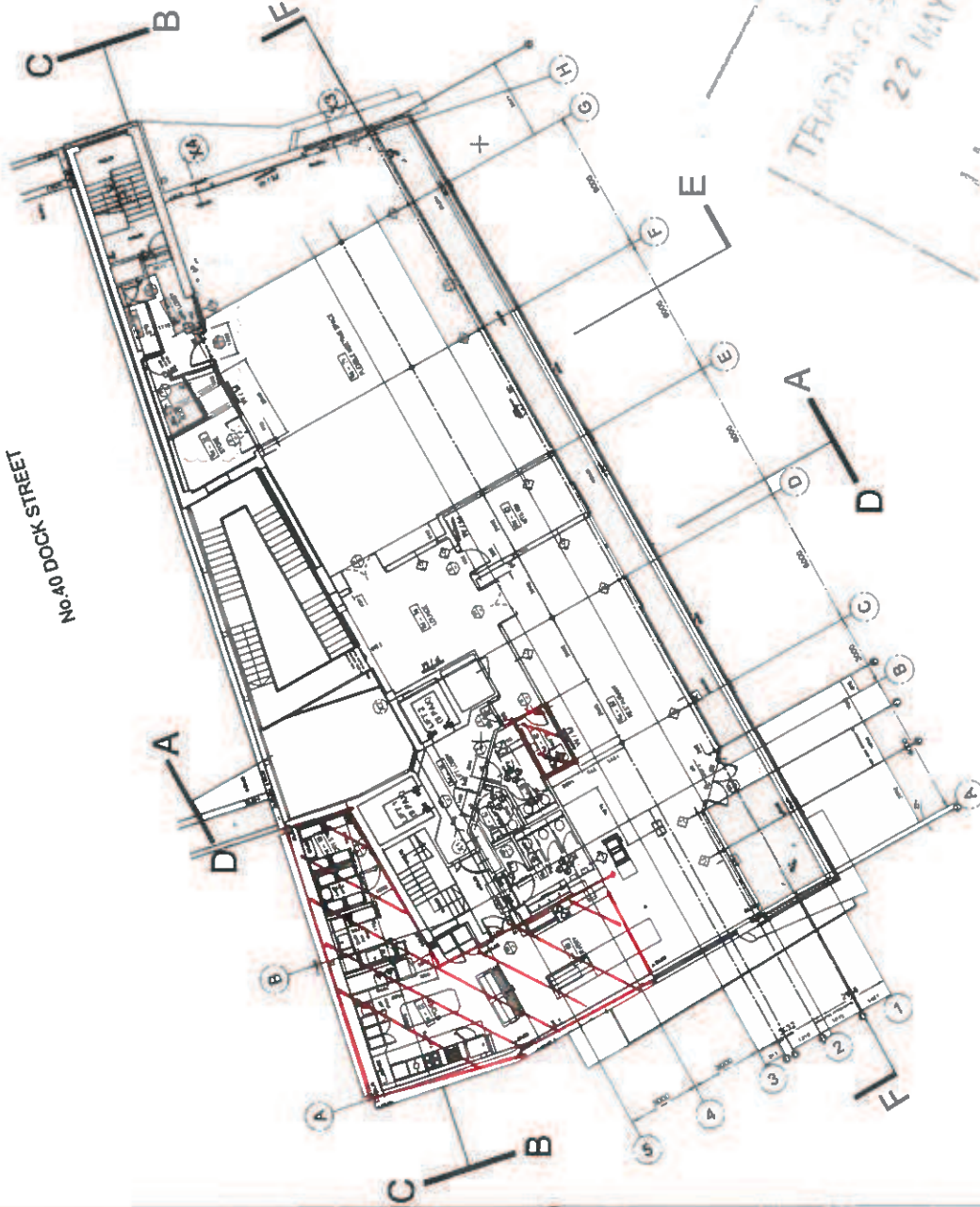
110 N. MICHIGAN ST. 3RD FLOOR  
ANN ARBOR, MI 48106

PH: 734.769.3333

DATE: 05/22/2015  
DRAWING NO.: A-GA-03  
PROJECT NO.: P87M-22175

FOURTH FLOOR

No. 40 DOCK STREET



/// = KITCHEN / PANTRY / SERVERY.

TRADE MARK  
 22 MAY 2018  
 LICENSING

- B1. INTERNAL DOOR FROM LOBBY - FIBRE FORTRESS
- B2. INTERNAL DOOR FROM LOBBY - FIBRE FORTRESS
- B3. INTERNAL DOOR FROM LOBBY - FIBRE FORTRESS
- B4. INTERNAL DOOR FROM LOBBY - FIBRE FORTRESS
- B5. INTERNAL DOOR FROM LOBBY - FIBRE FORTRESS
- B6. INTERNAL DOOR FROM LOBBY - FIBRE FORTRESS
- B7. INTERNAL DOOR FROM LOBBY - FIBRE FORTRESS
- B8. INTERNAL DOOR FROM LOBBY - FIBRE FORTRESS
- B9. INTERNAL DOOR FROM LOBBY - FIBRE FORTRESS
- B10. INTERNAL DOOR FROM LOBBY - FIBRE FORTRESS
- B11. INTERNAL DOOR FROM LOBBY - FIBRE FORTRESS
- B12. INTERNAL DOOR FROM LOBBY - FIBRE FORTRESS
- B13. INTERNAL DOOR FROM LOBBY - FIBRE FORTRESS
- B14. INTERNAL DOOR FROM LOBBY - FIBRE FORTRESS
- B15. INTERNAL DOOR FROM LOBBY - FIBRE FORTRESS
- B16. INTERNAL DOOR FROM LOBBY - FIBRE FORTRESS
- B17. INTERNAL DOOR FROM LOBBY - FIBRE FORTRESS
- B18. INTERNAL DOOR FROM LOBBY - FIBRE FORTRESS
- B19. INTERNAL DOOR FROM LOBBY - FIBRE FORTRESS
- B20. INTERNAL DOOR FROM LOBBY - FIBRE FORTRESS

**PARTITION NOTES**

1. ALL PARTITIONS SHALL BE CONSTRUCTED IN ACCORDANCE WITH THE REQUIREMENTS OF THE NATIONAL BUILDING REGULATIONS 2011.
2. ALL PARTITIONS SHALL BE CONSTRUCTED TO A MINIMUM HEIGHT OF 2.1 METRES ABOVE FINISHED FLOOR LEVEL.
3. ALL PARTITIONS SHALL BE CONSTRUCTED TO A MINIMUM SOUND REDUCTION INDEX (SRI) OF 40.
4. ALL PARTITIONS SHALL BE CONSTRUCTED TO A MINIMUM FIRE RESISTANCE OF 30 MINUTES.
5. ALL PARTITIONS SHALL BE CONSTRUCTED TO A MINIMUM IMPACT RESISTANCE OF 1000 J.
6. ALL PARTITIONS SHALL BE CONSTRUCTED TO A MINIMUM VIBRATION REDUCTION INDEX (VRI) OF 15.
7. ALL PARTITIONS SHALL BE CONSTRUCTED TO A MINIMUM AIR PERMEABILITY OF 0.05 L/s/m².
8. ALL PARTITIONS SHALL BE CONSTRUCTED TO A MINIMUM LIGHT TRANSMITTANCE OF 50%.
9. ALL PARTITIONS SHALL BE CONSTRUCTED TO A MINIMUM THERMAL INSULATION VALUE OF 0.10 m²K/W.
10. ALL PARTITIONS SHALL BE CONSTRUCTED TO A MINIMUM SOUND ATTENUATION COEFFICIENT (SAC) OF 0.20.
11. ALL PARTITIONS SHALL BE CONSTRUCTED TO A MINIMUM SOUND TRANSMISSION COEFFICIENT (STC) OF 40.
12. ALL PARTITIONS SHALL BE CONSTRUCTED TO A MINIMUM SOUND TRANSMISSION COEFFICIENT (STC) OF 40.
13. ALL PARTITIONS SHALL BE CONSTRUCTED TO A MINIMUM SOUND TRANSMISSION COEFFICIENT (STC) OF 40.
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19. ALL PARTITIONS SHALL BE CONSTRUCTED TO A MINIMUM SOUND TRANSMISSION COEFFICIENT (STC) OF 40.
20. ALL PARTITIONS SHALL BE CONSTRUCTED TO A MINIMUM SOUND TRANSMISSION COEFFICIENT (STC) OF 40.

**DRAWING CATEGORY GA - GENERAL ARRANGEMENT**

ARRANGEMENTS TO BE MADE IN CONJUNCTION WITH SPECIFICATIONS

**SYMBOLS**

DESCRIPTION

- 1. LIGHT, SOUND AND FIRE RESISTANT PARTITION
- 2. PARTITION WITH SOUND INSULATION
- 3. PARTITION WITH SOUND INSULATION AND FIRE RESISTANCE
- 4. PARTITION WITH SOUND INSULATION AND FIRE RESISTANCE AND IMPACT RESISTANCE
- 5. PARTITION WITH SOUND INSULATION AND FIRE RESISTANCE AND IMPACT RESISTANCE AND VIBRATION REDUCTION
- 6. PARTITION WITH SOUND INSULATION AND FIRE RESISTANCE AND IMPACT RESISTANCE AND VIBRATION REDUCTION AND AIR PERMEABILITY
- 7. PARTITION WITH SOUND INSULATION AND FIRE RESISTANCE AND IMPACT RESISTANCE AND VIBRATION REDUCTION AND AIR PERMEABILITY AND LIGHT TRANSMITTANCE
- 8. PARTITION WITH SOUND INSULATION AND FIRE RESISTANCE AND IMPACT RESISTANCE AND VIBRATION REDUCTION AND AIR PERMEABILITY AND LIGHT TRANSMITTANCE AND THERMAL INSULATION
- 9. PARTITION WITH SOUND INSULATION AND FIRE RESISTANCE AND IMPACT RESISTANCE AND VIBRATION REDUCTION AND AIR PERMEABILITY AND LIGHT TRANSMITTANCE AND THERMAL INSULATION AND SOUND ATTENUATION
- 10. PARTITION WITH SOUND INSULATION AND FIRE RESISTANCE AND IMPACT RESISTANCE AND VIBRATION REDUCTION AND AIR PERMEABILITY AND LIGHT TRANSMITTANCE AND THERMAL INSULATION AND SOUND ATTENUATION AND SOUND TRANSMISSION

**THE ROYAL PHARMACEUTICAL SOCIETY (RPS)**

**PRINGLE BRANDON PERKINS + WILL**

PROJECT: GENERAL ARRANGEMENT PLAN  
 FLOOR: FOURTH FLOOR LEVEL  
 DRAWING NO: GA  
 DATE: 22 MAY 2018  
 PROJECT NO: PBPW-333175\_A-04-04  
 C10

**REVISIONS**

NO.	DESCRIPTION	DATE
1	ISSUED FOR PERMIT	22 MAY 2018

**LEGEND**

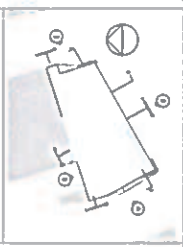
- 1. LIGHT, SOUND AND FIRE RESISTANT PARTITION
- 2. PARTITION WITH SOUND INSULATION
- 3. PARTITION WITH SOUND INSULATION AND FIRE RESISTANCE
- 4. PARTITION WITH SOUND INSULATION AND FIRE RESISTANCE AND IMPACT RESISTANCE
- 5. PARTITION WITH SOUND INSULATION AND FIRE RESISTANCE AND IMPACT RESISTANCE AND VIBRATION REDUCTION
- 6. PARTITION WITH SOUND INSULATION AND FIRE RESISTANCE AND IMPACT RESISTANCE AND VIBRATION REDUCTION AND AIR PERMEABILITY
- 7. PARTITION WITH SOUND INSULATION AND FIRE RESISTANCE AND IMPACT RESISTANCE AND VIBRATION REDUCTION AND AIR PERMEABILITY AND LIGHT TRANSMITTANCE
- 8. PARTITION WITH SOUND INSULATION AND FIRE RESISTANCE AND IMPACT RESISTANCE AND VIBRATION REDUCTION AND AIR PERMEABILITY AND LIGHT TRANSMITTANCE AND THERMAL INSULATION
- 9. PARTITION WITH SOUND INSULATION AND FIRE RESISTANCE AND IMPACT RESISTANCE AND VIBRATION REDUCTION AND AIR PERMEABILITY AND LIGHT TRANSMITTANCE AND THERMAL INSULATION AND SOUND ATTENUATION
- 10. PARTITION WITH SOUND INSULATION AND FIRE RESISTANCE AND IMPACT RESISTANCE AND VIBRATION REDUCTION AND AIR PERMEABILITY AND LIGHT TRANSMITTANCE AND THERMAL INSULATION AND SOUND ATTENUATION AND SOUND TRANSMISSION

**DRAWING CATEGORY GA - GENERAL ARRANGEMENT**  
 ARRANGEMENT TO BE MADE IN CONFORMANCE WITH SCHEDULES REFERENCED DRAWINGS & SPECIFICATION

SYMBOL	DESCRIPTION
	LEVEL SYMBOL
	ROOM SYMBOL
	DOOR SYMBOL
	WINDOW SYMBOL
	PARTITION SYMBOL
	STRUCTURAL SYMBOL

**GENERAL NOTES**

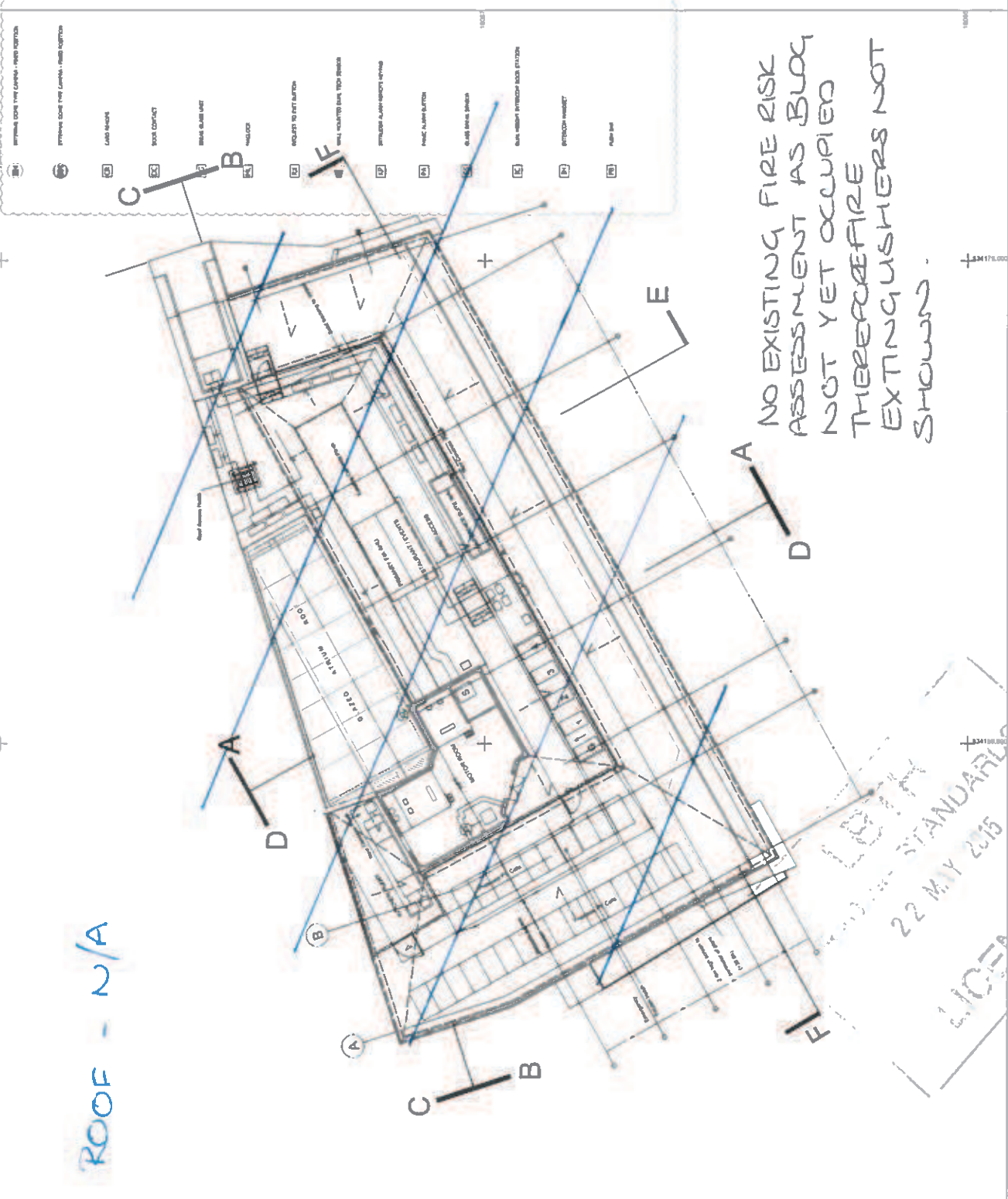
1. DRAWING INDICATES DESIGN INTENT ONLY.
2. THE CONTRACTOR IS RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS.
3. DO NOT SCALE DRAWING.
4. REPORT ALL DISCREPANCIES TO THE ARCHITECT BEFORE PROCEEDING.



**PARTITION NOTES**

1. ALL PARTITIONS SHALL BE CONSTRUCTED IN ACCORDANCE WITH THE SPECIFICATION AND THE RELEVANT BUILDING REGULATIONS.
2. PARTITIONS SHALL BE CONSTRUCTED TO PROVIDE THE REQUIRED SOUND ATTENUATION AND FIRE RESISTANCE.
3. PARTITIONS SHALL BE CONSTRUCTED TO PROVIDE THE REQUIRED SOUND ATTENUATION AND FIRE RESISTANCE.
4. PARTITIONS SHALL BE CONSTRUCTED TO PROVIDE THE REQUIRED SOUND ATTENUATION AND FIRE RESISTANCE.
5. PARTITIONS SHALL BE CONSTRUCTED TO PROVIDE THE REQUIRED SOUND ATTENUATION AND FIRE RESISTANCE.
6. PARTITIONS SHALL BE CONSTRUCTED TO PROVIDE THE REQUIRED SOUND ATTENUATION AND FIRE RESISTANCE.

SYMBOL	DESCRIPTION
	LEVEL SYMBOL
	ROOM SYMBOL
	DOOR SYMBOL
	WINDOW SYMBOL
	PARTITION SYMBOL
	STRUCTURAL SYMBOL



NO EXISTING FIRE RISK ASSESSMENT AS BLOQ NOT YET OCCUPIED THEREFORE FIRE EXTINGUISHERS NOT SHOWN.

ROOF - N/A

22 MAY 2015  
 LICENSING

**THE TOTAL PHARMACEUTICAL SOCIETY (PHS)**  
**PRINGLE BRADDON PERKINS + WILL**

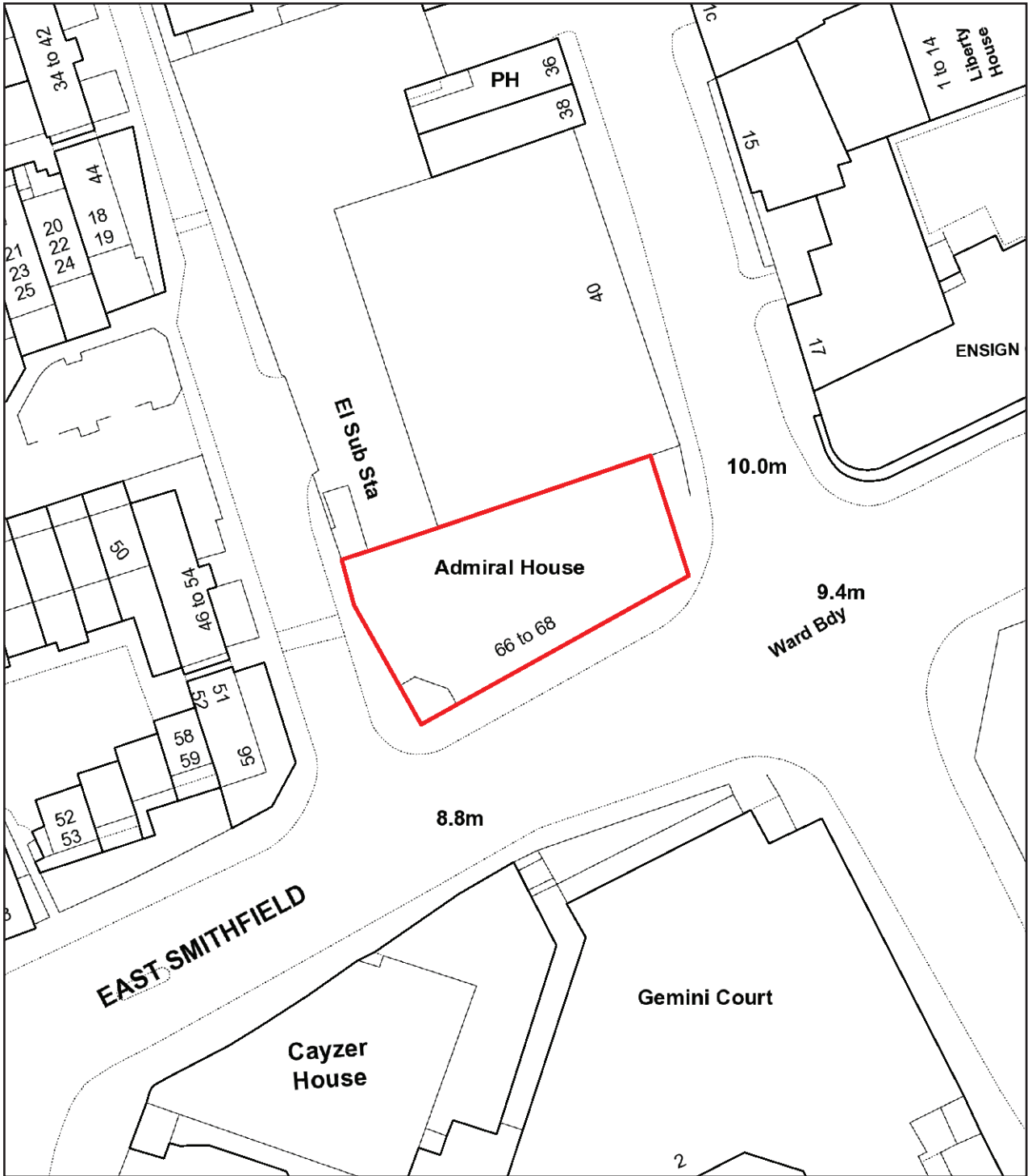
PROPOSED GENERAL ARRANGEMENT PLAN  
 FLOOR LEVEL  
 CONSTRUCTION  
 1:100 @ A1  
 PBPW-201715 - A-GA-00

DATE: 22 MAY 2015

PROJECT: LICENSING

# Appendix 2



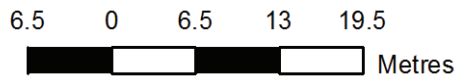


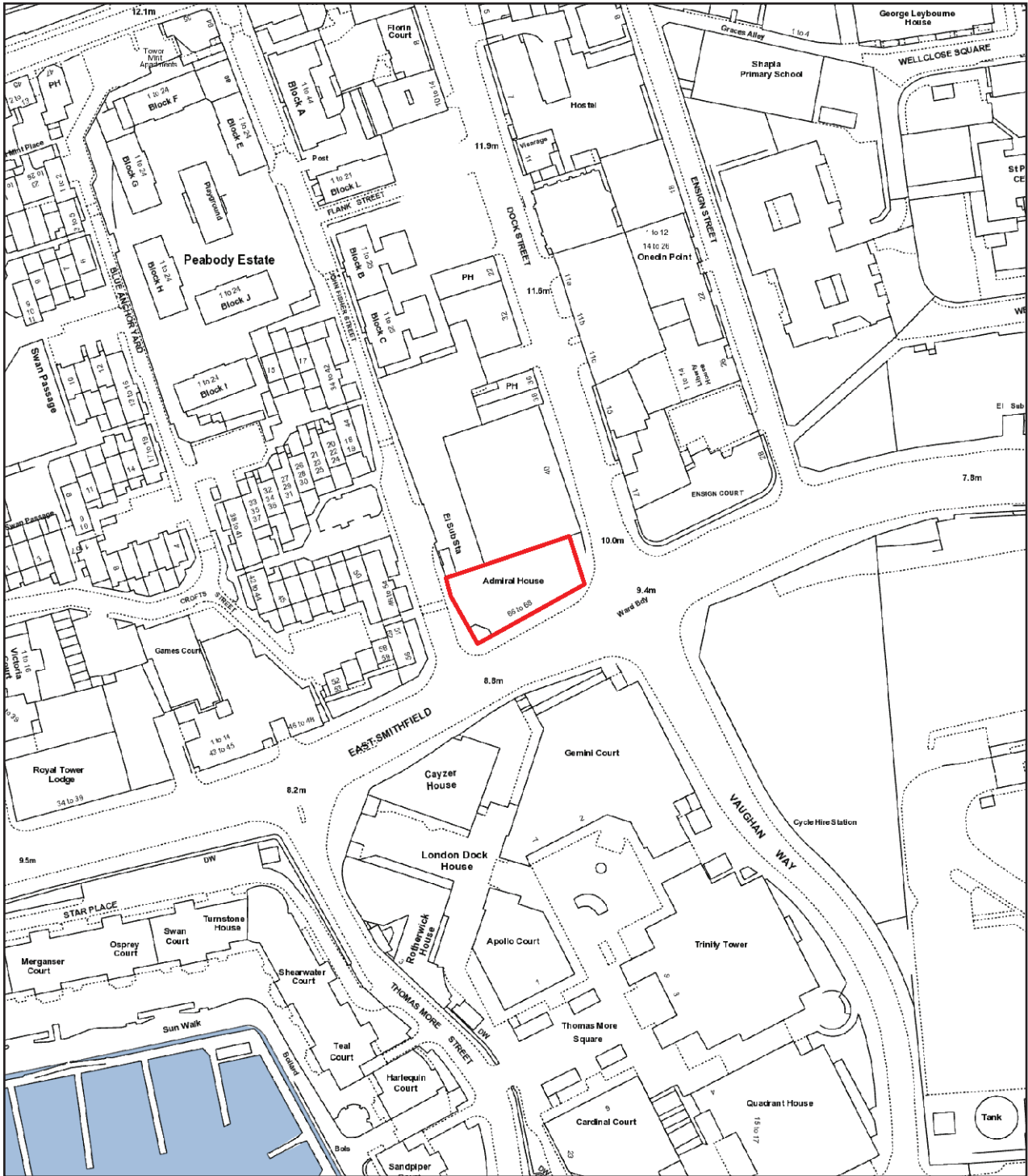
# Royal Pharmaceutical Society

66-68 East Smithfield



Scale 1:718





# Royal Pharmaceutical Society

66-68 East Smithfield



Scale 1:1795

10 0 10 20 30

Metres

