

L186137



**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 MICHELLE PAYNE

*(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			
WELLOW ALPACA STUDIO MAIN ROAD WELLOW			
Post town	YARMOUTH	Postcode	PO4 0SZ
Telephone number at premises (if any)	01983 760900		
Non-domestic rateable value of premises	£ 6400		

Disclosure of convictions and civil immigration penalties and declaration  
Return form to: Licensing Section, Jubilee Stores, The Quay, Newport, Isle of Wight, PO30 2EH

**Part 2 - Applicant details**

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

- |   |                                     |                             |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals *   | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual *  |                                     |                             |
| i as a limited company/limited liability partnership  | <input checked="" type="checkbox"/> | please complete section (B) |
| ii as a partnership (other than limited liability)  | <input type="checkbox"/>            | please complete section (B) |
| iii as an unincorporated association or   | <input type="checkbox"/>            | please complete section (B) |
| iv other (for example a statutory corporation)  | <input type="checkbox"/>            | please complete section (B) |
| c) a recognised club  | <input type="checkbox"/>            | please complete section (B) |
| d) a charity  | <input type="checkbox"/>            | please complete section (B) |
| e) the proprietor of an educational establishment   | <input type="checkbox"/>            | please complete section (B) |
| f) a health service body  | <input type="checkbox"/>            | 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  | <input type="checkbox"/>            | 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 | <input type="checkbox"/>            | please complete section (B) |
| h) the chief officer of police of a police force in England and Wales   | <input type="checkbox"/>            | please complete section (B) |

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

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

**(A) INDIVIDUAL APPLICANTS (fill in as applicable)**

Mr <input type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
Surname <b>PAYNE</b>		First names <b>MICHELLE</b>		
Date of birth	years old or over		<input checked="" type="checkbox"/> Please tick yes	
Nationality				
Current residential address if different from premises address		SAME		
Post town			Postcode	
Daytime contact telephone number		01983 760900		
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		
Date of birth	I am 18 years old or over		<input type="checkbox"/> Please tick yes	
Nationality				
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	
Description (etc.)	
Telephone	
E-mail address	

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
0	4	2018

(use March 2018)

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)

Cage / BUSHO ATTACHED TO WEST WIGHT ALPACAS LTD IN WELLOW, THE PREMESIS HAS 32 INTERNAL COVERS WITH A FURTHER 20 WARM WEATHER COVERS IN AN OUTSIDE COVERED AREA. THE PREMESIS IS WELL SHIELDED AND FACES INTO THE SITE AND AWAY FROM NEAR BY PROPERTIES.

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

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

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

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

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

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

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

In all cases complete boxes K, L and M

A

N/A

Plays Standard days and timings (please read guidance note 7)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 5)		
Thur					
Fri			<b>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</b> (please read guidance note 6)		
Sat					
Sun					

B

N/A

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place <u>indoors or outdoors or both</u> – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)		
Thur					
Fri			<b>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</b> (please read guidance note 6)		
Sat					
Sun					

C

N/A

Indoor sporting events Standard days and timings (please read guidance note 7)			<b>Please give further details</b> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 5)
Wed			
Thur			<b>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</b> (please read guidance note 6)
Fri			
Sat			
Sun			



D

N/A

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 5)		
Thur					
Fri			<b>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</b> (please read guidance note 6)		
Sat					
Sun					

E

N/A.

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)		
Thur					
Fri			<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</b> (please read guidance note 6)		
Sat					
Sun					

F

N/A

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take <u>place indoors or outdoors or both</u> – <u>please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)		
Thur					
Fri			<b>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</b> (please read guidance note 6)		
Sat					
Sun					

G

N/A.

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 5)		
Thur					
Fri			<b>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</b> (please read guidance note 6)		
Sat					
Sun					

H

N/A

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b>Please give further details here</b> (please read guidance note 4)		
Wed					
Thur			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 5)		
Fri					
Sat			<b>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</b> (please read guidance note 6)		
Sun					

N/A

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 5)		
Thur					
Fri			<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</b> (please read guidance note 6)		
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input checked="" type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	10-00	17-30	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)  * PLEASE SEE ATTACHED PLANNING RESTRICTIONS FOR OPENING WHICH WE WOULD LIKE THE PREMISES LICENCE TO MIRROR.	Both	<input type="checkbox"/>
Tue	10-00	17-30			
Wed	10-00	17-30			
* Wed	10-00	21-30			
Thur	10-00	17-30		<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 6)  N/A.	
* Thur	10-00	21-30			
Fri	10-00	17-30			
* Fri	10-00	21-30			
Sat	10-00	17-30			
* Sat	10-00	21-30			
Sun	10-00	17-30			

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

Name	MICHELLE PAYNE	
Date of birth	[REDACTED]	
Address	[REDACTED]	
Postcode	[REDACTED]	
Personal licence number (if known)	QUALIFICATION NON-APPLICABLE IW050484 LICENCE NUMBER: 102688 DEANER No. 105386	
Issuing licensing authority (if known)	DEANER BURAB ISLE OF WIGHT COUNCIL	

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 9).

N/A



L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)	
Day	Start	Finish		
Mon	10-00	17-30	* SEASONAL VARIATION AS ATTACHED SHEET OF PLANNING RESTRICTIONS.	
Tue	10-00	17-30		
Wed	10-00	17-30		
* Thur	10-00	21-30		<b>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</b> (please read guidance note 6)  N/A.
* Fri	10-00	17-30		
* Sat	10-00	17-30		
* Sun	10-00	17-30		

## **Opening Hours Planning Restriction for West Wight Alpacas Ltd, Same hours proposed for Premises Alcohol Licence**

### **Conditions**

1 The farm shop/cafe hereby permitted shall not be open to customers outside the following times:

09.30 to 17.30 hours for the period between 1st January to 28th February

09.30 to 17.30 hours Sunday to Thursday and 09.30 to 21.30 Fridays and Saturdays with a 30 minute period for leaving between 1st March to 26th March

09.30 to 17.30 hours Sunday to Tuesday and 09.30 to 21.30 Wednesday to Saturday with a 30 minute period for leaving between 27th March to 1st October

09.30 to 17.30 hours Sunday to Thursday and 09.30 to 21.30 Fridays and Saturdays with a 30 minute period for leaving between 2nd October to 31st December

The above opening hours to take place in any calendar year.

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

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

THE PREMISES LICENCE HOLDER/DPS HAVE CARRIED OUT A RISK ASSESSMENT WITH CONSIDERATION OF THE FOUR LICENSING OBJECTIVES. ALL STAFF WILL BE FULLY TRAINED TO UNDERSTAND THEIR RESPONSIBILITIES WITH REGARD TO THE RETAIL SALE OF ALCOHOL. RECORDS OF STAFF TRAINING WILL BE MAINTAINED AND UPDATED ACCORDINGLY.

b) The prevention of crime and disorder

ALL INCIDENTS OF CRIME AND DISORDER WILL BE LOGGED AND REPORTED ACCORDINGLY. THE LOG BOOK WILL BE AVAILABLE FOR INSPECTION ON REQUEST BY A RESPONSIBLE AUTHORITY. ALL REFUSALS OF THE SALE OF ALCOHOL WILL BE LOGGED AND THE RECORDS MADE AVAILABLE TO THE POLICE OR ANY OTHER RESPONSIBLE AUTHORITY UPON REQUEST

c) Public safety

THE PREMISES WILL BE MAINTAINED IN A SAFE MANNER AT ALL TIMES.

ALL EXITS WILL BE CLEARLY MARKED AND WILL BE KEPT CLEAR OF HAZARDS AT ALL TIMES.

d) The prevention of public nuisance

ALL REFUSE WILL BE DISPOSED OF IN AN APPROPRIATE MANNER. STAFF WILL BE INSTRUCTED TO MAINTAIN ALL EXTERNAL AREAS IN A CLEAN AND PRESENTABLE MANNER AT ALL TIMES.

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

WE WILL PROMOTE AN AGE VERIFICATION SCHEME "CHALLENGE 25" ON THE PREMISES WITH NOTICES DISPLAYED TO THIS EFFECT. THE PREMISES WILL OPERATE A "NO ID NO SALE" POLICY AT ALL TIMES AND WILL ONLY ACCEPT PHOTOGRAPHIC ID SUCH AS PASSPORT, DRIVING LICENCE, PASS CARD AS ACCEPTABLE FORMS OF IDENTIFICATION. ALL STAFF WILL BE

TRAINED IN THE UNDERSTANDING OF THIS POLICY AND  
**Checklist:** TRAINING RECORDS WILL BE AVAILABLE FOR INSPECTION.

Please tick to indicate agreement


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

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

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

**Part 4 – Signatures** (please read guidance note 11)

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

<b>Declaration</b>	<ul style="list-style-type: none"> <li>• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).</li> <li>• The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)</li> </ul>
Signature	
Date	3/11/2017
Capacity	DIRECTOR

**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 13). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
Post town		Postcode	
Telephone number (if any)			

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

I MICHELLE PAYNE  
*[full name of prospective premises supervisor]*

of WELLOW ALPACA STUD  
MAIN ROAD  
WELLOW  
YARMOUTH PO41 0SZ.

*[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 ALCOHOL LICENCE.  
*[type of application]*

by

WEST WIGHT ALPACAS LTD.  
*[name of applicant]*

relating to a premises licence N/A.  
*[number of existing licence, if any]*

for THE CAFE, WEST WIGHT ALPACAS LTD,  
WELLOW ALPACA STUD, MAIN ROAD, WELLOW,  
YARMOUTH PO41 0SZ.

*[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

MICHELLE PAYNE, WEST WIGHT ALPACAS LTD  
[name of applicant]

concerning the supply of alcohol at THE CAFE  
WEST WIGHT ALPACAS LTD, WELLOW ALPACA  
STUD, MAIN ROAD, WELLOW  
YARMOUTH PO41 0SZ.

[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.

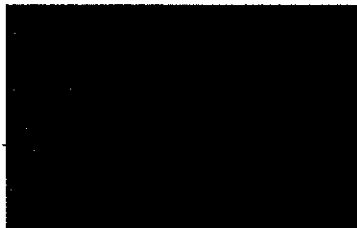
Personal licence number IW 050484

~~REGISTRATION NUMBER 501/494/3 (CERTIFICATE No:)~~  
[insert personal licence number, if any] REMOVED No: 105336 1020686

Personal licence issuing authority Isle of Wight Council

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

Signed



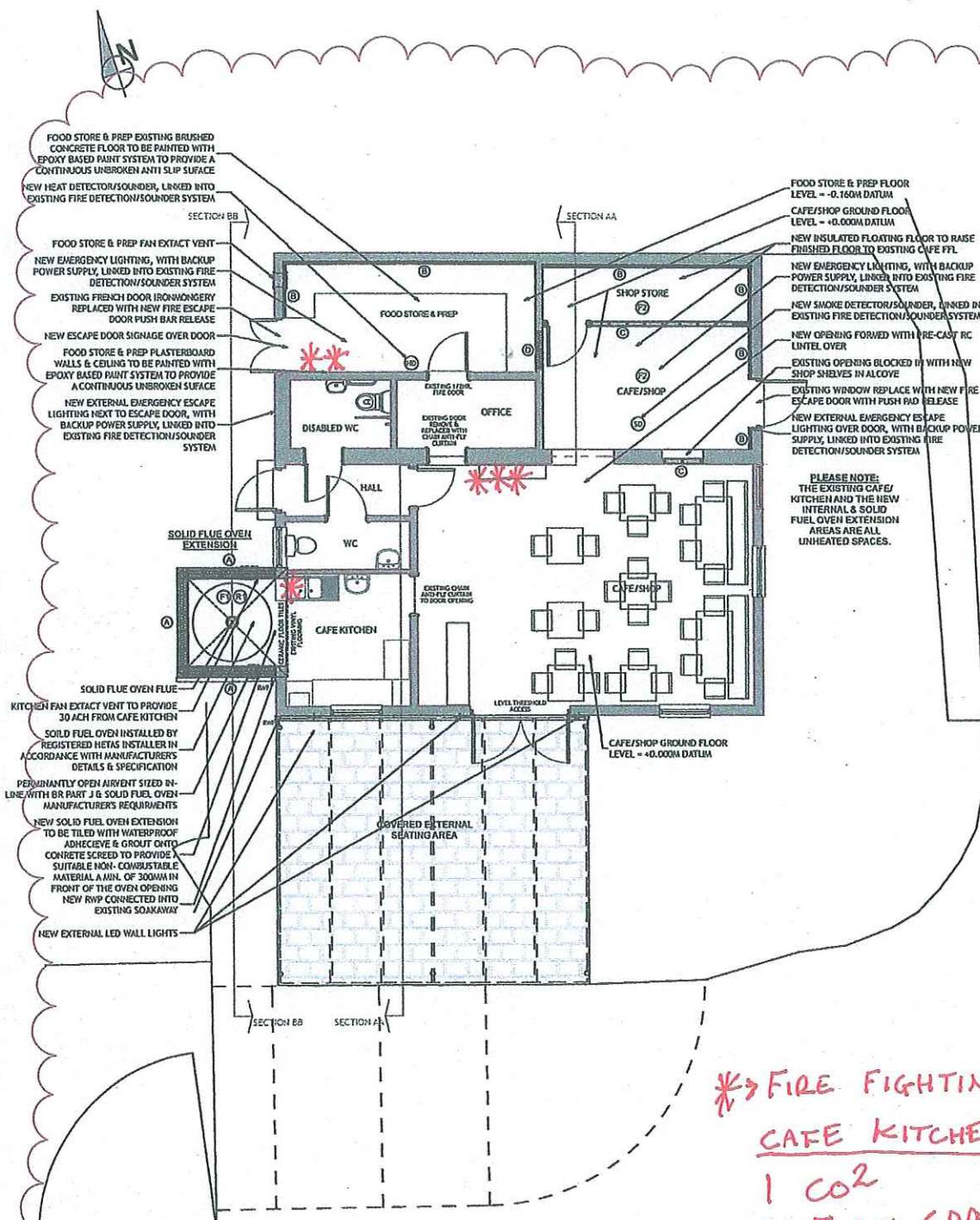
Name (please print)

MICHELLE PAYNE.

Date

8th NOVEMBER 2017





- TYPICAL WALLS TYPES:**
- (A) EXTERNAL SOILD FUEL OVEN EXTENSION WALL:**  
25MM ROUGH SAWN WEATHERBOARD CLADDING  
38 X 50MM VENTILATED TREATED SW BATTENS  
BREATHER MEMBRANE  
90A OSB SHEATHING BOARD  
38 X 140MM CLS TIMBER STUDS  
120MM CELOTEX FR5000 INSULATION BOARD BETWEEN STUDS  
25MM CELOTEX FR5000 INSULATION BOARD  
12.5MM FIRELINE PLASTER BOARD, TAPED AND JOINTED AS VCL  
NOTE: MIN. SOLID FUEL OVEN MANUFACTURER'S SIDE  
CLEARANCE TO COMBUSTIBLE MATERIALS 50MM  
U-VALUE: - 0.16W/M2C
  - (B) EXISTING EXTERNAL WALL THERMALLY UPGRADED:**  
EXISTING INSULATED TIMBER FRAME WALL WITH EXTERNAL  
ROUGH SAWN WEATHERBOARDING  
50MM CELOTEX FR5000 INSULATION BOARD  
12.5MM FIRELINE PLASTER BOARD, TAPED AND JOINTED AS VCL  
(MOISTURE RESISTANT BOARD IN FOOD STORE AND PREP AREA)  
U-VALUE: - 0.20W/M2C
  - (C) INTERNAL WALL DOOR OPENING INFILL:**  
12.5MM PLASTER BOARD, TAPED AND JOINTED  
38 X 80MM CLS TIMBER STUDS  
12.5MM PLASTER BOARD, TAPED AND JOINTED
  - (D) INTERNAL ACOUSTIC WALL DOOR OPENING INFILL:**  
12.5MM MOISTURE RESISTANT PLASTER BOARD (ON FOOD  
STORE AND PREP AREA SIDE), TAPED AND JOINTED  
38MM X CLS TIMBER STUDS THICKNESS TO SUIT EXISTING WALL  
THICKNESS  
50MM MIN. KNAUF EARTHWOOL ACOUSTIC INSULATION FIT  
TIGHTLY BETWEEN STUDS  
12.5MM PLASTER BOARD, TAPED AND JOINTED
- TYPICAL FLOOR TYPES:**
- (F1) SOLID FUEL OVEN EXTENSION INSULATED SCREEDED SOLID  
CONCRETE FLOOR:**  
TILED FLOOR COVERING WITH WATERPROOF ADHESIVE &  
GROUT - TILE STYLE TBA WITH CLIENT  
75MM OF SAND & CEMENT SCREED WITH REINFORCING MESH IN  
ACCORDANCE WITH STRUCTURAL ENGINEERS DESIGN &  
SPECIFICATION  
500 GAUGE POLYETHYLENE SEPARATION LAYER  
100 CELOTEX GA4000 RIGID INSULATION WITH A MIN.  
COMPRESSIVE STRENGTH OF 140KPA, WHICH EXCEEDS  
STRUCTURAL ENGINEERS COMPRESSIVE STRENGTH  
RECOMMENDATION TO RESIST THE SOLID FUEL OVEN LOADING.  
1200 GAUGE DPM  
200MM MESH REINFORCED SOLID CONCRETE GROUND BEARING  
SLAB WITH EDGE PERIMETER THICKENING IN ACCORDANCE  
WITH STRUCTURAL ENGINEERS DESIGN & SPECIFICATION  
U-VALUE: - 0.16W/M2C
  - (F2) EXISTING FLOOR THERMAL UPGRADE FLOOR:**  
FLOOR COVERING TBA WITH CLIENT  
22MM TRG CHIPBOARD SUB-FLOOR  
120MM CELOTEX FR5000 RIGID INSULATION TO SUIT RAISING  
EXISTING FLOOR LEVEL UP TO EXISTING CAFE FFL FLOOR LEVEL  
1200 GAUGE DPM  
SELF-LEVELING THIN-SCREED OVER EXISTING CONCRETE FLOOR  
EXISTING CONCRETE FLOOR  
U-VALUE: - 0.14W/M2C
- TYPICAL ROOF TYPES:**
- (R1) SOLID FUEL OVEN EXTENSION FLAT ROOF:**  
SINGLE PLY WATERPROOF MEMBRANE  
150MM CELOTEX GROUND UP RIGID INSULATION  
50MM X 175MM C16 RAFTERS  
12.5MM PLASTERBOARD CEILING, TAPED & JOINTED & SEALED  
WITH A MIST COAT PRIOR TO 2ND COATS OF DULUX OR CROWN  
PAINT  
U-VALUE: - 0.16W/M2C

PROPOSED GROUND FLOOR PLAN - 1:100

EXISTING GROUND FLOOR PLAN - 1:50

\* FIRE FIGHTING EQUIPMENT.

CAFE KITCHEN (PIZZA)

- 1 CO2
- 1 FOAM SPRAY.
- 1 HEAT DETECTOR

1 CARBON MONOXIDE DETECTOR.  
1 FIRE BLANKET.

CAFE AREA \*\*\*

1 SMOKE DETECTOR

- 1 CO2.
- 1 FOAM

\*\* (REAL FOOD PREP STORE)

- 1 WET CHEMICAL
- 1 CO2.
- 1 FOAM
- 1 FIRE BLANKET.

8.25.04.19 CLIENT REQUESTED CHANGES & ISSUED FOR CLIENT APPROVAL SM  
11.05.13 ISSUED TO BUILDING CONTROL SM  
14.03.13 ISSUED FOR CLIENT APPROVAL SM  
Rev Date Description By

**Elmstone Design LLP**  
4 Queens Gate, East Cowes, PO32 6AQ.  
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Web: www.elmstone-design.com  
Client

West Wight Alpacas Farm

Project  
Main Road, Wellow  
Isle of Wight

Drawing  
Proposed Ground Floor Plan

Scale	Date	Status	Drawn
1:100 @ A3 SIZE	14.03.13	Set for Sign	SM

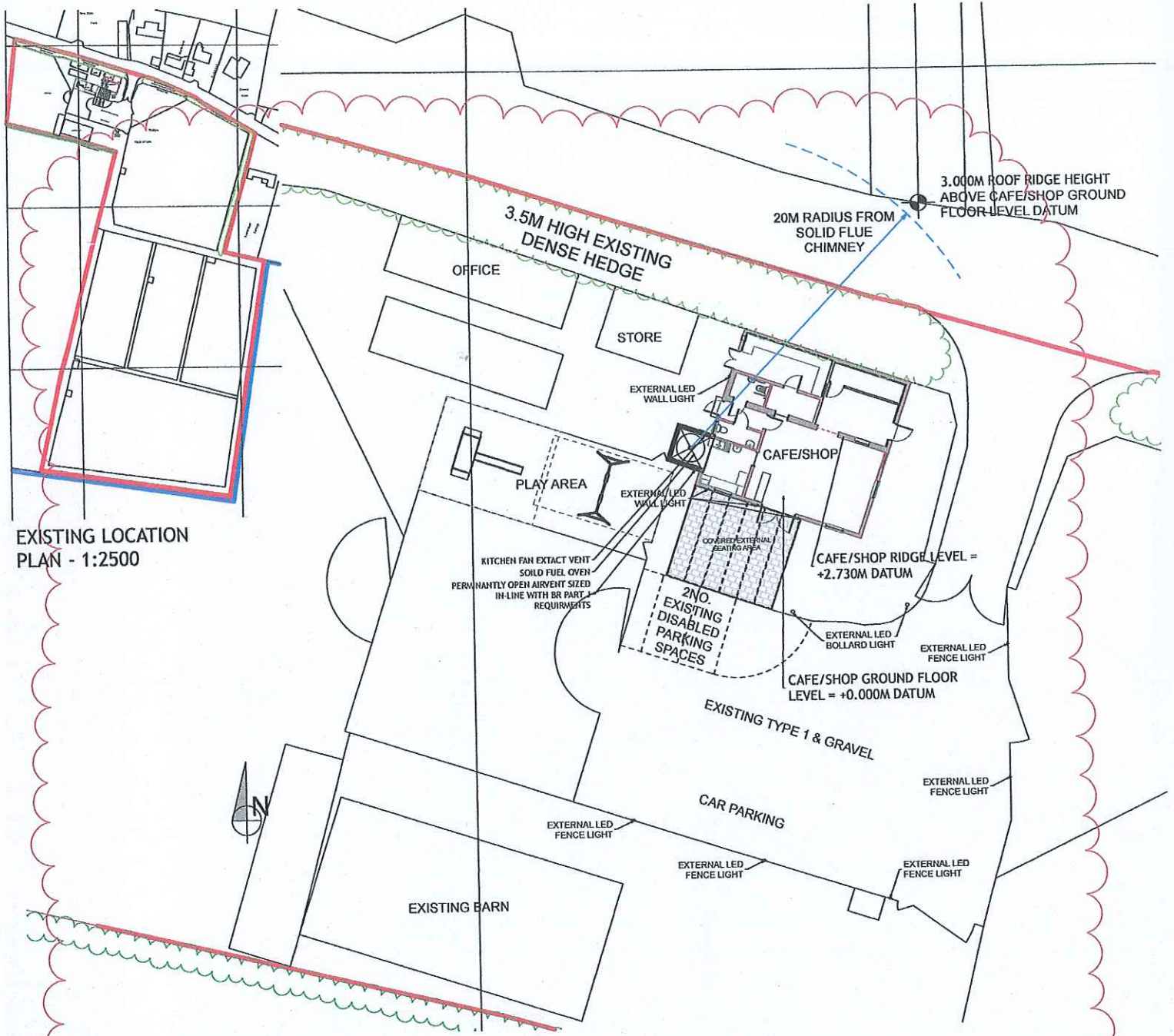
Drawing No. 142/BR05 REV B

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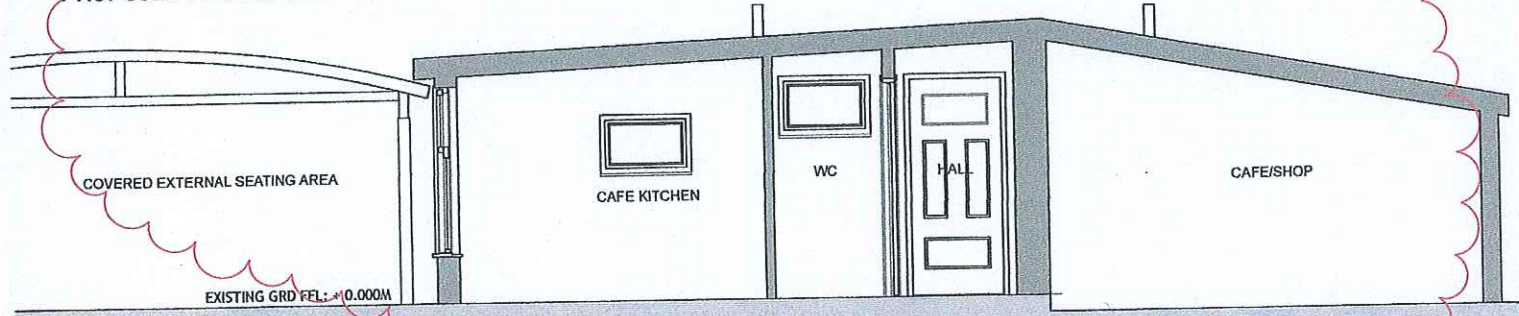
# BUILDING REGULATIONS





EXISTING LOCATION PLAN - 1:2500

PROPOSED BLOCK PLAN - 1:250



EXISTING SECTION AA - 1:50

A 25/04/16	CLIENT REQUESTED CHANGES & ISSUED FOR CLIENT APPROVAL	SM
14/03/13	ISSUED FOR CLIENT APPROVAL	SM
Rev	Date	Description

**Elmstone Design LLP**  
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Client  
**West Wight Alpacas Farm**

Project  
**Main Road, Wellow Isle of Wight**

Drawing  
**Location & Proposed Block Site Plans**

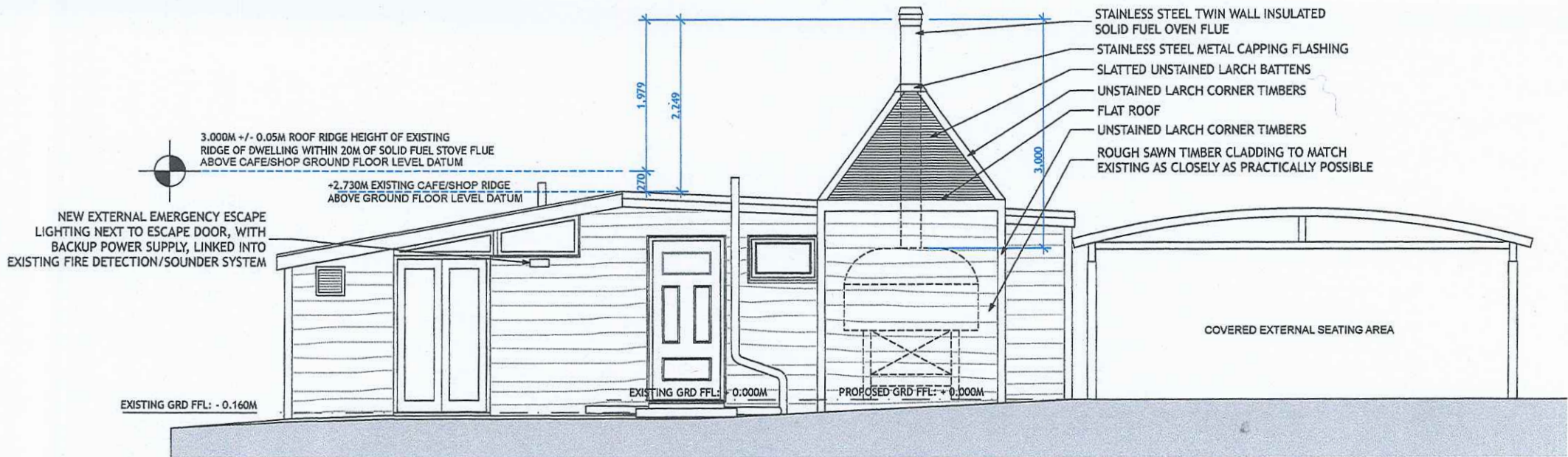
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1:500/2000/2500	10.03.13	Issue 1	SM
Drawing No.	142/BR01 REV A		

**Notes:**

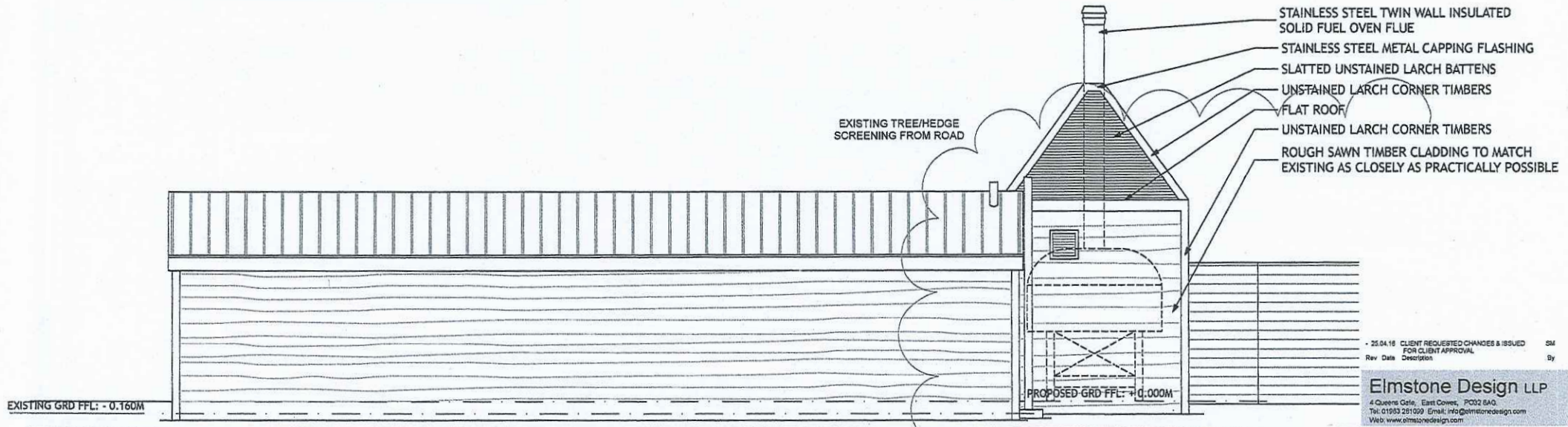
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**BUILDING REGULATIONS**





PROPOSED LEFT SIDE ELEVATION (NORTH WEST) - 1:50



PROPOSED REAR ELEVATION (NORTH EAST) - 1:50

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**BUILDING REGULATIONS**

25.04.16 CLIENT REQUESTED CHANGES & ISSUED FOR CLIENT APPROVAL			SM
Rev	Date	Description	By

**Elmstone Design LLP**  
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Client  
 West Wight Alpacas Farm

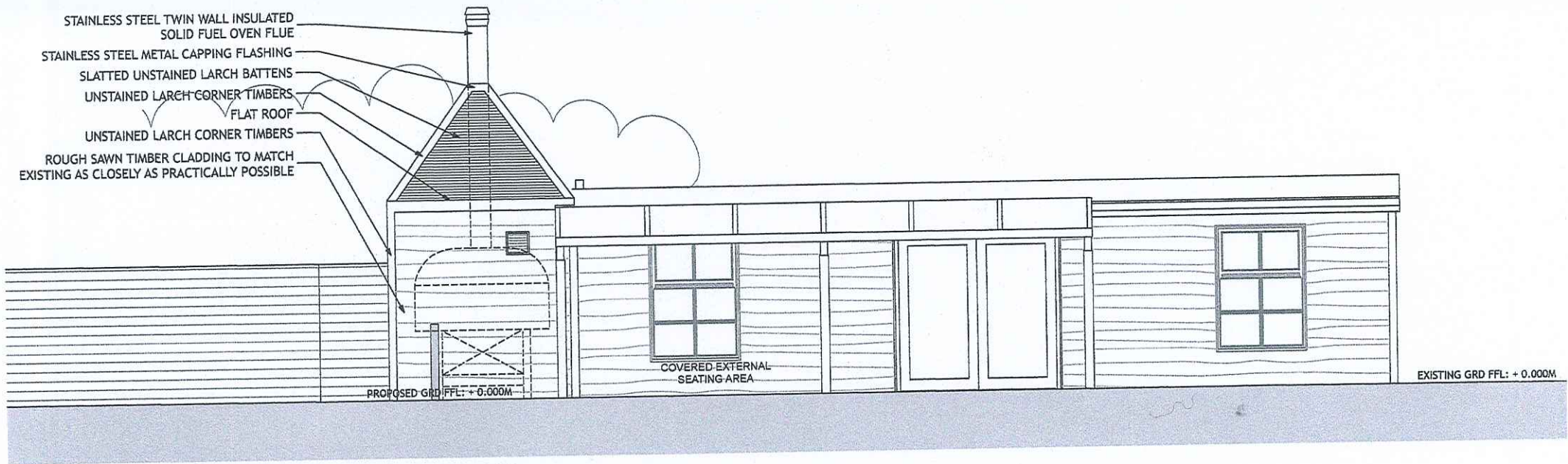
Project  
 Main Road, Wellow  
 Isle of Wight

Drawing  
 Proposed Elevations - Sheet 2

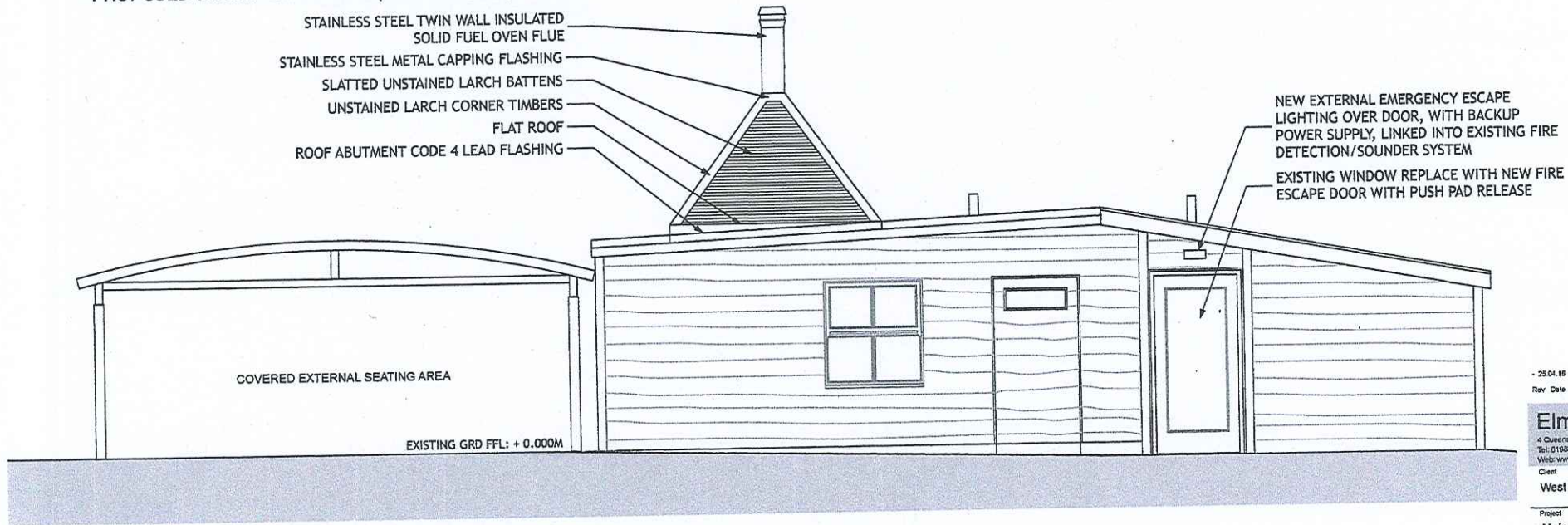
Scale	Date	Status	Drawn
1:50 @ A3 SIZE	14.03.13	Not for Issue	SM

Drawing No.  
 142/BR09 REV -





PROPOSED FRONT ELEVATION (SOUTH WEST) - 1:50



PROPOSED RIGHT SIDE ELEVATION (SOUTH EAST) - 1:50

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**BUILDING REGULATIONS**

- 25.04.18 CLIENT REQUESTED CHANGES & ISSUED FOR CLIENT APPROVAL  
 Rev Date Description By

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Client  
 West Wight Alpacas Farm

Project  
 Main Road, Wellow  
 Isle of Wight

Drawing  
 Proposed Elevations - Sheet 1

Scale	Date	Status	Drawn
1:50 @ A3 SIZE	14.03.13	Issued/Revised	SM

Drawing No.  
 142/BR08 REV -