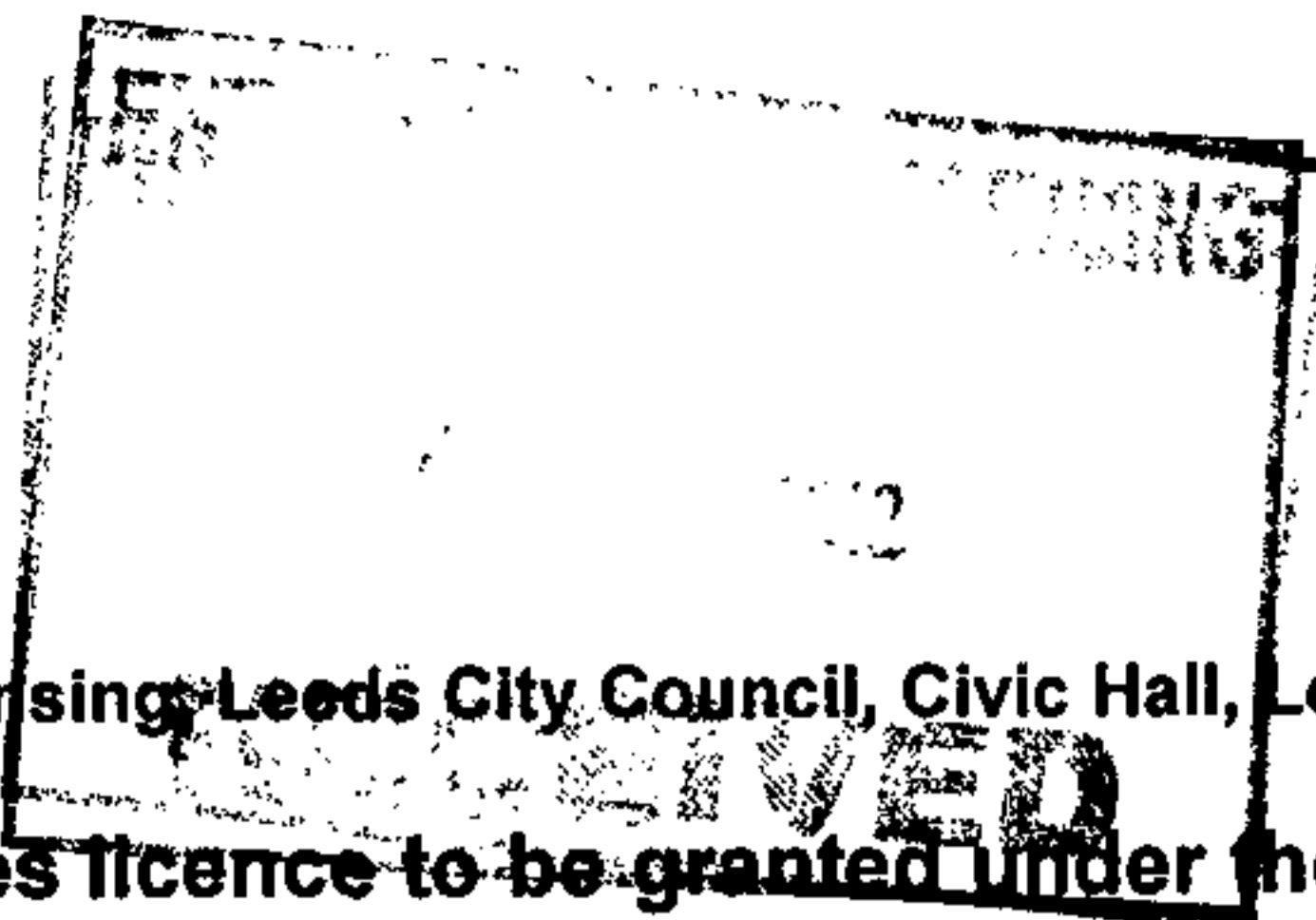


SCANNED

PREM 1 Appendix A

1 24



SCANNED

PREM1

Entertainment Licensing, Leeds City Council, Civic Hall, Leeds, LS1 1UR

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 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 MAJID ZAWI (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
'HAREHILLS LANE FOODS'
HAREHILLS LANE 249-251
Post town LEEDS Post code LS8 3RG

Telephone number of premises (if any) N/A

Non domestic rateable value of premises £1 - 4300 BAND A

Part 2 - Applicant Details

Please state whether you are applying for the licence as:

- a) an individual or individuals* [checked] 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 in respect of the carrying on of a regulated activity (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 Mrs Miss Ms Other title (for example, Rev)

Surname

First names

ZAWI

MAJID

Please tick yes

I am 18 years old or over

Current postal address if different from premises address

496 OAKWOOD LANE ROUNDHAY LEEDS

Post Town

LEEDS

Postcode

LS9 6RX

Daytime contact telephone number

07731903737

Email address (optional)

N/A

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Mr

Mrs

Miss

Ms

Other title (for example, Rev)

Surname

First names

Please tick yes

I am 18 years old or over

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

Email address (optional)

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

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

Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year			
2	5	0	6	2	0	1	3

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

Day		Month		Year			

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

CONVENIENCE STORE SELLING
CONTINENTAL FOOD BETWEEN 9.00 - 21.00

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

N/A

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

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

Please tick yes

Provision of regulated entertainment

- 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) performance of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

Provision of entertainment facilities for:

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

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

Sale by retail of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

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 <input checked="" type="checkbox"/> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) ~ A		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
			State any seasonal variations for performing play (please read guidance note 4)		
Wed			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)		
Thur					
Fri					
Sat					
Sun					

B

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

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (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			
			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)
Fri			
Sat			
Sun			

D

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

N/A

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 <input checked="" type="checkbox"/> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur					
Fri			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)		
Sat					
Sun					

G

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

H

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

I

Provision of facilities for making music Standard day and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing																										
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr><td>Mon</td><td></td><td></td></tr> <tr><td>Tue</td><td></td><td></td></tr> <tr><td>Wed</td><td></td><td></td></tr> <tr><td>Thur</td><td></td><td></td></tr> <tr><td>Fri</td><td></td><td></td></tr> <tr><td>Sat</td><td></td><td></td></tr> <tr><td>Sun</td><td></td><td></td></tr> </tbody> </table>			Day	Start	Finish	Mon			Tue			Wed			Thur			Fri			Sat			Sun			Will the facilities for making music be indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)	Indoors	<input type="checkbox"/>
			Day	Start	Finish																								
			Mon																										
Tue																													
Wed																													
Thur																													
Fri																													
Sat																													
Sun																													
Outdoors	<input type="checkbox"/>																												
Both	<input type="checkbox"/>																												
			Please give further details here (please read guidance note 3)																										
			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)																										
			Non standard timings. Where you intend to use the premises for the provision of facilities for making music at different times to those listed in the column on the left, please list. (please read guidance note 5)																										

J

Provision of facilities for dancing Standard timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)																										
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr><td>Mon</td><td></td><td></td></tr> <tr><td>Tue</td><td></td><td></td></tr> <tr><td>Wed</td><td></td><td></td></tr> <tr><td>Thur</td><td></td><td></td></tr> <tr><td>Fri</td><td></td><td></td></tr> <tr><td>Sat</td><td></td><td></td></tr> <tr><td>Sun</td><td></td><td></td></tr> </tbody> </table>			Day	Start	Finish	Mon			Tue			Wed			Thur			Fri			Sat			Sun			Will the facilities for dancing be indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)	Indoors	<input type="checkbox"/>
			Day	Start	Finish																								
			Mon																										
Tue																													
Wed																													
Thur																													
Fri																													
Sat																													
Sun																													
Outdoors	<input type="checkbox"/>																												
Both	<input type="checkbox"/>																												
			Please give further details here (please read guidance note 3)																										
			State any seasonal variations for providing dancing facilities (please read guidance note 4)																										
			Non standard timings. Where you intend to use the premises for the provision of facilities for dancing at different times to those listed in the column on the left, please list. (please read guidance note 5)																										

K

Provision of facilities for entertainment of a similar description to that falling within I or J Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing																									
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr><td>Mon</td><td></td><td></td></tr> <tr><td>Tue</td><td></td><td></td></tr> <tr><td>Wed</td><td></td><td></td></tr> <tr><td>Thur</td><td></td><td></td></tr> <tr><td>Fri</td><td></td><td></td></tr> <tr><td>Sat</td><td></td><td></td></tr> <tr><td>Sun</td><td></td><td></td></tr> </tbody> </table>			Day	Start	Finish	Mon			Tue			Wed			Thur			Fri			Sat			Sun			Will the entertainment facility be place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2)	Indoors <input type="checkbox"/>
			Day	Start	Finish																							
			Mon																									
Tue																												
Wed																												
Thur																												
Fri																												
Sat																												
Sun																												
Outdoors <input type="checkbox"/>																												
Both <input type="checkbox"/>																												
			Please give further details here (please read guidance note 3)																									
			↘ A																									
			State any seasonal variations for the provisions of facilities for entertainment of a similar description to that falling within I or J (please read guidance note 4)																									
			Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within I or J at different times to those listed in the column on the left, please list. (please read guidance note 5)																									

L

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 <input checked="" type="checkbox"/> (please read guidance note 2)																									
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr><td>Mon</td><td></td><td></td></tr> <tr><td>Tue</td><td></td><td></td></tr> <tr><td>Wed</td><td></td><td></td></tr> <tr><td>Thur</td><td></td><td></td></tr> <tr><td>Fri</td><td></td><td></td></tr> <tr><td>Sat</td><td></td><td></td></tr> <tr><td>Sun</td><td></td><td></td></tr> </tbody> </table>			Day	Start	Finish	Mon			Tue			Wed			Thur			Fri			Sat			Sun			Indoors <input type="checkbox"/>	Outdoors <input type="checkbox"/>
			Day	Start	Finish																							
			Mon																									
Tue																												
Wed																												
Thur																												
Fri																												
Sat																												
Sun																												
Both <input type="checkbox"/>																												
Please give further details here (please read guidance note 3)																												
			↘ A																									
			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)																									
			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)																									

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption on or off the premises or both – please tick <input checked="" type="checkbox"/> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon	9.00	21.00	State any seasonal variations for the supply of alcohol (please read guidance note 4) 365 DAYS A YEAR WE INTEND TO SUPPLY ALCOHOL TO CUSTOMER BETWEEN THE OPENING HOURS.		
Tue	9.00	21.00			
Wed	9.00	21.00			
Thur	9.00	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)		
Fri	9.00	21.00			
Sat	9.00	21.00			
Sun	9.00	21.00			

State the name and details of the individual whom you wish to specify on the licence as premises supervisor	
Name	MAJID ZAWI
Address	496 DAKWOOD LANE ROUNDHAY LEEDS
Postcode	LS9 6RX
Personal licence number (if known)	LEEDS/PERL/06406/12
Issuing licensing authority (if known)	LEEDS CITY COUNCIL LICENSING DEPARTMENT

N

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)

~
A

O

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	9.00	21.00	Non standard timings. Where you intend to open the premises to be open to the public at different times from those listed in the column on the left, please list. (please read guidance note 5)
Tue	9.00	21.00	
Wed	9.00	21.00	
Thur	9.00	21.00	
Fri	9.00	21.00	
Sat	9.00	21.00	
Sun	9.00	21.00	

P

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

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

HAVING A PERSONAL LICENCE HOLDER ON PREMISES AT ALL TIMES
 STAFF TRAINING ON LICENSING ISSUES
 INSTALLED 8 CCTV CAMERAS AND RECORDING FOR 30 DAYS
 CAN BE MADE AVAILABLE FOR THE POLICE

b) The prevention of crime and disorder

ENTRY WILL BE REFUSED TO ANY PERSON WHO IS DRUNK
 THREATENING OR VIOLENT, OFFENCES WILL BE REPORTED
 ALREADY CCTV SYSTEM IS IN PLACE, WILL PROVIDE ADEQUATE
 LIGHTING AT ALL TIMES

c) Public safety

PERSONAL LICENCE HOLDER WILL BE ON THE PREMISES AT ALL
 TIMES DURING THE SALE ALCOHOL HOURS
 THERE IS ALREADY NON SLIP DRY FLOOR IN PLACE AND SPILLAGES
 WILL IMMEDIATELY BE CLEARED AND DRIED WITH NOTICE TO CUSTOMERS
 FOOD HYGIENE IS AT ALL TIMES OBSERVED AND OUT OF DATE
 FOOD WILL BE SEPARATED.

d) The prevention of public nuisance

PREMISES WILL BE WELL VENTILATED WITHOUT DOORS AND WINDOWS
 OPENING
 ALL EXITS WILL BE ALARMED
 THERE WON'T BE ANY NOISE OR SPECIFIC SOUND EMANATING FROM ANY
 MACHINES OR SYSTEMS
 ENSURE THAT DELIVERIES ARE BETWEEN 7-19.00 HRS
 SURROUNDING AREA WILL BE KEPT CLEAN OF RUBBISH
 BUILDING IS KEPT IN GOOD REPAIR PRESENTING NO DANGER TO CUSTOMERS
 OR PUBLIC

e) The protection of children from harm

ALCOHOL AND TOBACCO PRODUCTS ARE NOT SOLD TO UNDER 18'S
 AND THERE WILL BE A BOOK OF ATTEMPTED PURCHASE RECORDS KEPT
 WITH ID CHECKS
 NO CHILDREN WILL BE ALLOWED ONTO PREMISES IF THEY
 VISIBLY LOOK UNDER 12 AND UNACCOMPANIED.
 RESTRICTED ACCESS TO TOBACCO PRODUCTS AND ALCOHOL

Please tick Yes

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable
- I understand that I must now advertise my application
- I understand that if I do not comply with the above requirements my application will be rejected

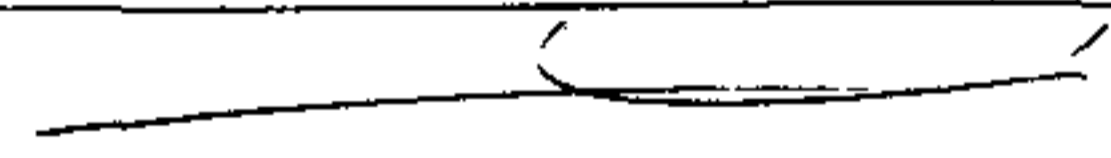
IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 4 – Signatures (please read guidance note 10)

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

Signature	_____
Date	_____
Capacity	_____

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	14 MAY 2012
Capacity	APPLICANT

Contact Name (where not previously given) and address for correspondence associated with this application (please read guidance note 19)

Post town	Post code
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)	

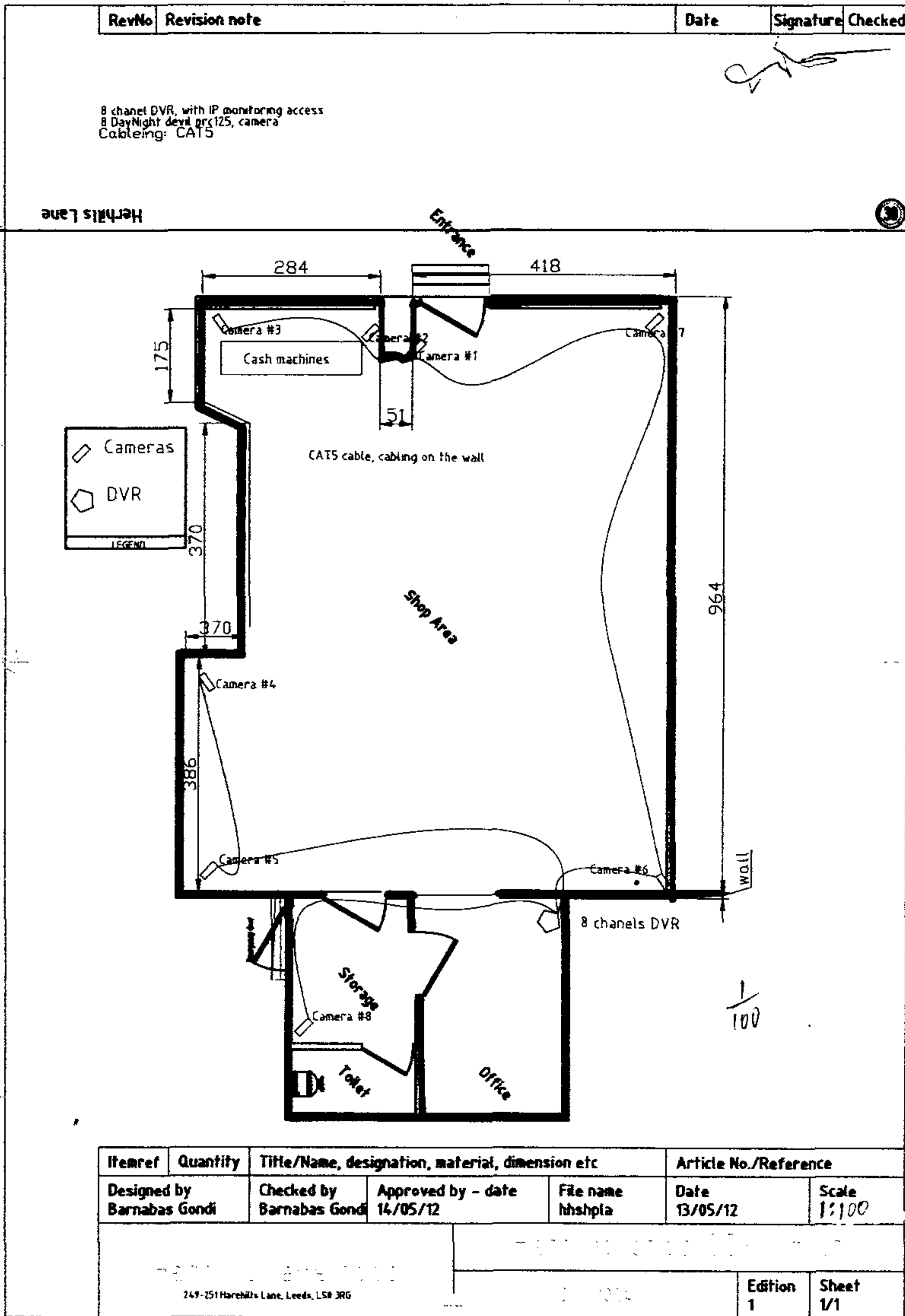
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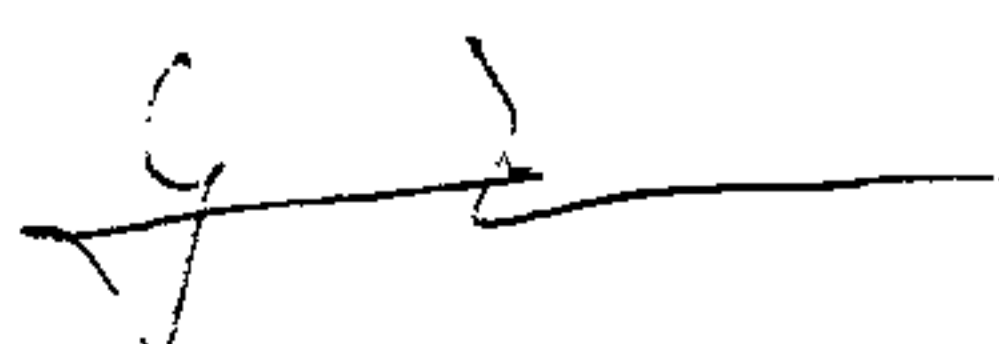
CCTV system PLAN

HAREHILLS LANE FOOD SHOP
249-251 Harehills Lane, Leeds, LS8 3RG

Designed by: Barnabas Gondi

14/05/2012





Planned cctv system description for Harehills Lane Food Shop, Leeds**ICR-H41 stand-alone H.264 DVR:**

- 8 video input channel
 - Pentaplex : live, recording, playback, backup & remote access
 - Stable Embedded LINUX operation system
 - Mouse control, IR remote control
 - Recording speed : D1 100 fps (real time)
 - VGA & video output is working paralel
 - VGA resolution is : (800x600, 1024x768, 1280x1024, 1360x768, 1440x900)
 - Audio recording : 4 channel
 - Motion detection : 18 x 22 matrix, Prealarm, Built in IE Browser
 - Dual stream output (QCIF/CIF for remote surveillance, D1 for local network)
 - Email sending at motiqn detection
 - Remote programming by LAN
 - Mobile remote surveillance : Support Windows mobile system, Symbian system, Iphone, Blackberry and Android system
 - HDD : max. 1 pc, 2 TB, Backsaving : USB,
 - 1 hour video can be saved to USB stick within 15 minutes
 - Hidden camera function
 - Central Monitoring Software : up to 255 pcs DVR
 - Multi language : English, Finnish, French, German, Greek, Hungarian, Italian, Polish, Portuguese, Russian, Spanish, Turkish
 - No fan = Silent operation , Small size & weight = save freight cost (253 x 222 x 40 mm , 3 kg)
- IDENTIVISION 3 years warranty

Camera description:

Indoor/Outdoor, color, 1/3", 480TVL, soft D/N, 0.1 lux, IR LED max. 25m, fix optic: f=3.6mm (72°), 12V DC, IDENTIVISION. 1 year warranty.



FIRE ALARM PLAN

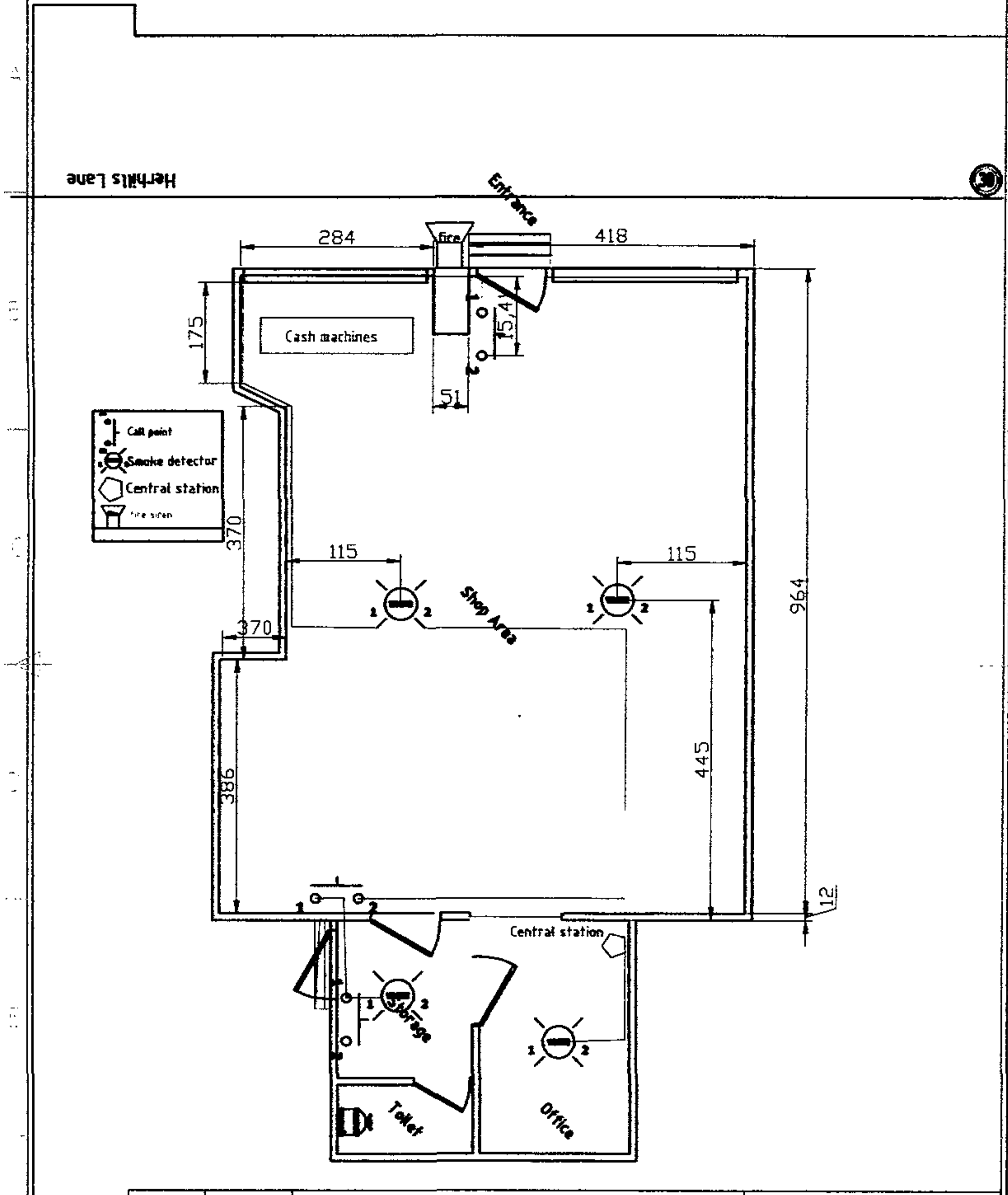
HAREHILLS LANE FOOD SHOP

249-251 Harehills Lane, Leeds, LS8 3RG

Designed by: Barnabas Gondi

14/05/2012

RevNo	Revision note	Date	Signature	Checked
-------	---------------	------	-----------	---------



Itemref	Quantity	Title/Name, designation, material, dimension etc	Article No./Reference		
Designed by	Checked by	Approved by - date	File name	Date	Scale
Barnabas Gondi	Barnabas Gondi	20/05/12	hhshpla	20/05/12	fit to page
<p>Project: [Faint text]</p>			<p>Revision: [Faint text]</p>		
			Edition	Sheet	
			1	1/1	

g

Planned fire alarm description for Harehills Lane Food Shop, Leeds**Central station description:**

- 6 on-board zones •Expandable to 16 hardwired zones
- Expandable to 32 wireless zones
- 2 PGM outputs: expandable to 14 (PC5204, PC5208)
- Template programming •Connect up to 8 supervised keypads with keypad zones
- 2 partitions
- 500-event buffer
- 48 user codes •Approval Listings: European CE Directives (EMC, R&TTE, LVD), INCERT (Belgium), NCP (Holland), •IMQ (Italy) Livello 2, SBSC (Sweden) Larmklass 2, EN50131-1 Grade 2, Class II Environmental,
- ICASA (South Africa), FCC/IC, UL/ULC

Installation, and maintenance:

We using special alarm cable what is 6x0.22, that running on the wall. All motion sensor is different zone. All zone is different cable. The sounder is included backup battery, and the central station as well. The best maintenance period is 3 months.

Standards and directives:

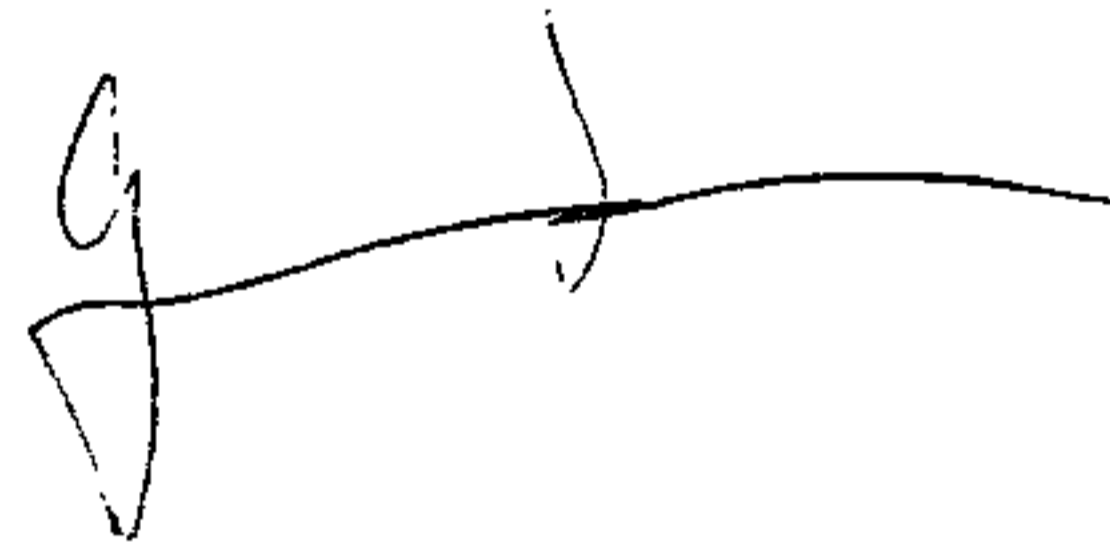
EN 61000-6-3 +A11:2004

EN 50130-4 +A1:1998 +A2: 2003

2006/95/EC The Low Voltage Directive

2004/108/EC The Electromagnetic Compatibility Directive

99/05/EC The R&TTE Directive



Wired Photoelectric Smoke Detectors FSA-210/410

- Automatic drift compensation
- Built-in, dual-sensor heat detector (option)
- Built-in 85 dB horn (option)
- Easy-maintenance removable smoke chamber
- Interconnectable using PRM-2W/4W polarity reversal modules
- Non-contact sensitivity reading with handheld test meter (FSD-100)
- Low profile design
- Local test button
- UL/ULC/CSFM/MEA/EN listed for commercial and residential applications
- FSA-210
- Model Description FSA-210(x)* 2-wire photoelectric smoke detector FSA-210(x)T* 2-wire photoelectric smoke detector w/ heat detector FSA-210(x)ST* 2-wire photoelectric smoke detector w/ integral sounder & heat detector FSA-210(x)RT* 2-wire photoelectric smoke detector w/ aux. relay & heat detector
- FSA-410
- Model Description FSA-410(x)* 4-wire photoelectric smoke detector FSA-410(x)T* 4-wire photoelectric smoke detector w/ heat detector FSA-410(x)RT* 4-wire photoelectric smoke detector w/ aux. relay & heat detector FSA-410(x)S* 4-wire photoelectric smoke detector w/ integral sounder FSA-410(x)ST* 4-wire photoelectric smoke detector w/ integral sounder & heat detector FSA-410(x)RST* 4-wire photoelectric smoke detector w/ integral sounder, aux. relay & heat detector
- *Legend (x) = 'A' Canadian model number | (x) = 'B' U.S. model number

INTRUDER ALARM PLAN

HAREHILLS LANE FOOD SHOP

249-251 Harehills Lane, Leeds, LS8 3RG

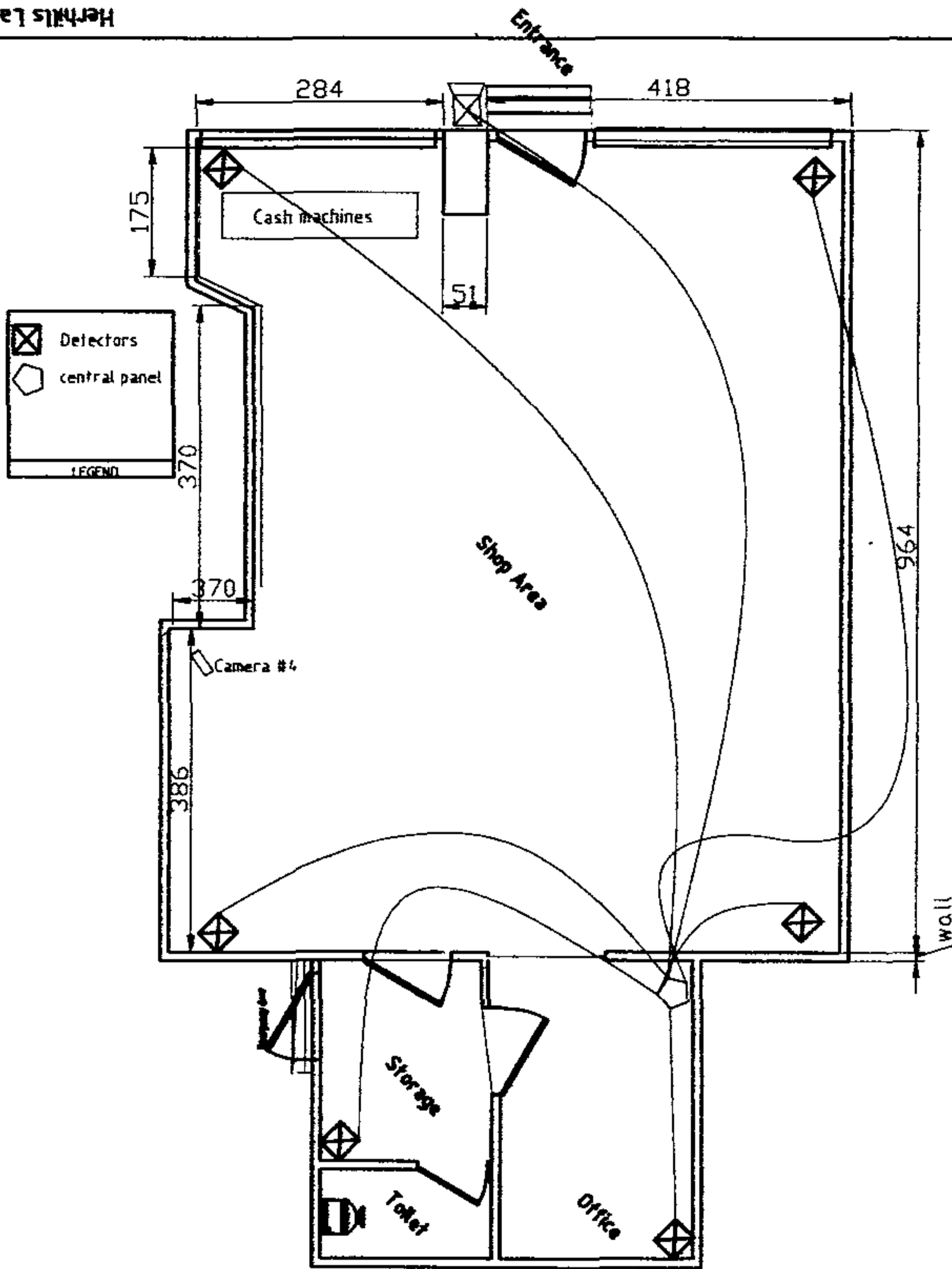
Designed by: Barnabas Gondi

14/05/2012

RevNo	Revision note	Date	Signature	Checked
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DSC 6 PIRs intruder alarm

Harehills Lane



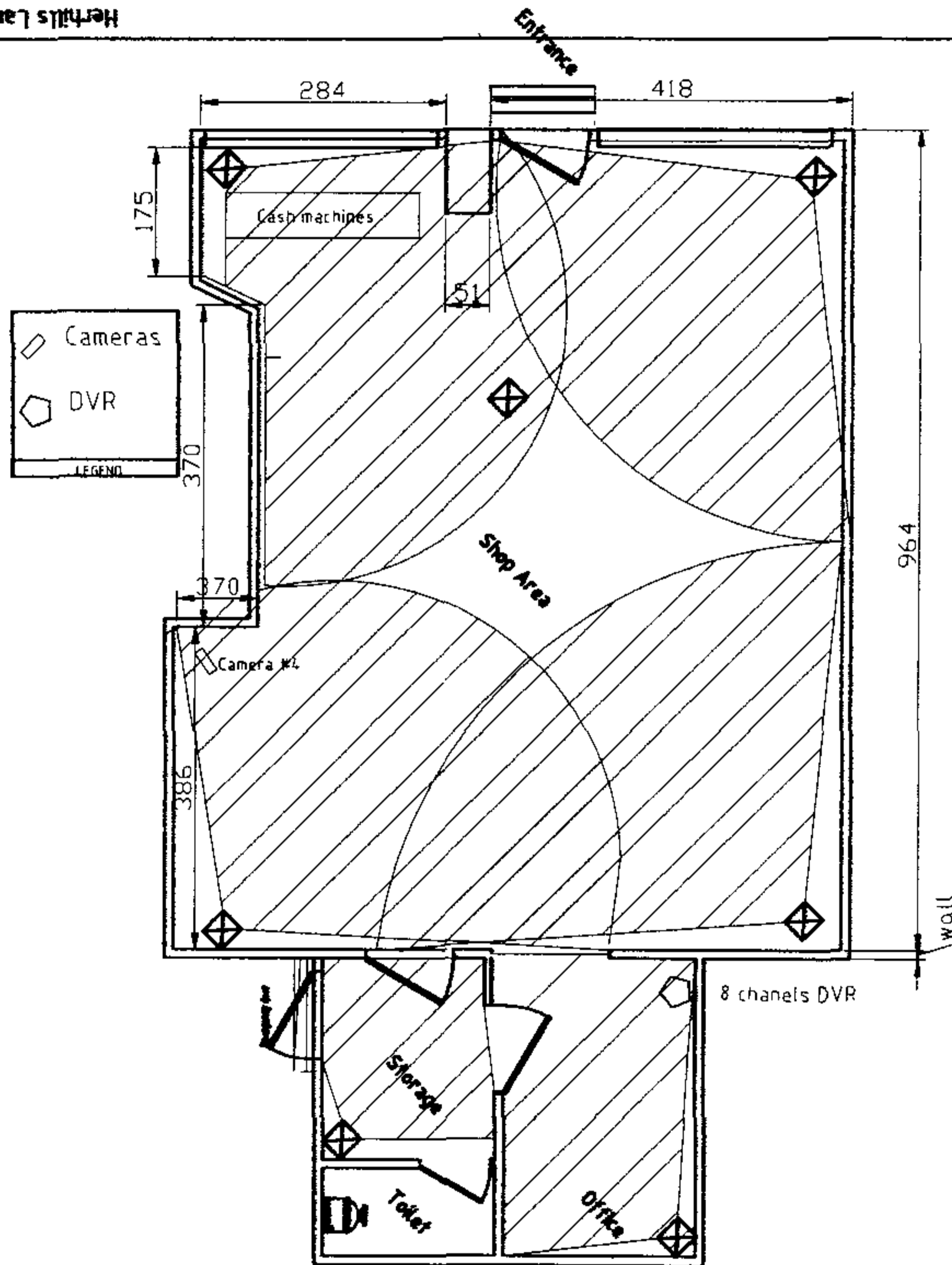
Itemref	Quantity	Title/Name, designation, material, dimension etc	Article No./Reference		
Designed by Barnabas Gondi	Checked by Barnabas Gondi	Approved by - date 14/05/12	File name hhshpta	Date 13/05/12	Scale fit to page
Harehills Lane Ltd 249-251 Harehills Lane, Leeds, LS8 3RG			Edition 1		
			Sheet 1/1		

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RevNo	Revision note	Date	Signature	Checked
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The covered areas

Harehills Lane



Itemref	Quantity	Title/Name, designation, material, dimension etc		Article No./Reference	
Designed by Barnabas Gondi	Checked by Barnabas Gondi	Approved by - date 14/05/12	File name hshspla	Date 13/05/12	Scale fit to page
249-251 Harehills Lane Leeds LS8 3RG			Edition 1		
			Sheet 1/1		

Planned intruder alarm description for Harehills Lane Food Shop, Leeds

Central station description:

- 6 on-board zones •Expandable to 16 hardwired zones
- Expandable to 32 wireless zones
- 2 PGM outputs: expandable to 14 (PC5204, PC5208)
- Template programming •Connect up to 8 supervised keypads with keypad zones
- 2 partitions
- 500-event buffer
- 48 user codes •Approval Listings: European CE Directives (EMC, R&TTE, LVD), INCERT (Belgium), NCP (Holland), •IMQ (Italy) Livello 2, SBSC (Sweden) Larmklass 2, EN50131-1 Grade 2, Class II Environmental,
- ICASA (South Africa), FCC/IC, UL/ULC

PIR detector description:

- The LC-100-PI (Form A contact) and LC-120-PI (Form C contact) detectors feature intelligent signal analysis for reliable detection, pet immunity up to 55 lbs (25 kg) and a slim design that complements any décor.
- Form "A" or "C" alarm contact and tamper switch
- Digital signal analysis
- Pet immunity up to 55 lbs (25 kg)
- Quad Linear Imaging Technology for sharp analysis of body dimensions and differentiation from backgrounds and pets
- Advanced ASIC-based electronics
- Compact design for residential installations
- Adjustable variable pulse count
- PIR sensitivity adjustment •Height installation calibration free
- Available in packages of 6 (LC-100-PI-6PK / LC-120-PI-6PK)
- Available in U.S. only •LC-100 - 6 PK Form 'A' LC-120 - 6 PK Form 'C'
- Approval Listings: European CE Directives (EMC), FCC/IC, UL/ULC

Installation, and maintenance:

We using special alarm cable what is 6x0.22, that running on the wall. All motion sensor is different zone. All zone is different cable. The sounder is included backup battery, and the central station as well. The best maintenance period is 3 months.

Standards and directives:

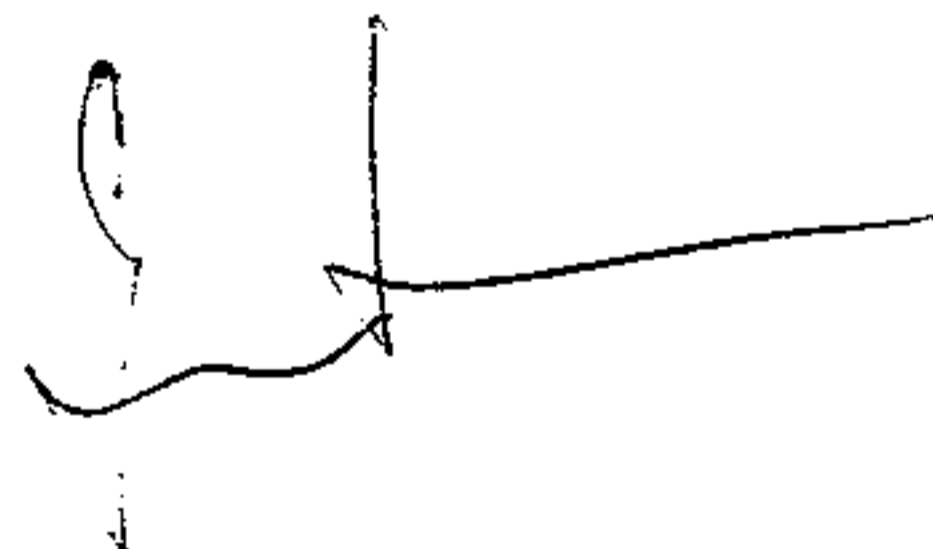
EN 61000-6-3 +A11:2004

EN 50130-4 +A1:1998 +A2: 2003

2006/95/EC The Low Voltage Directive

2004/108/EC The Electromagnetic Compatibility Directive

99/05/EC The R&TTE Directive



CE - DECLARATION OF CONFORMITY

according to ISO/IEC Guide 22 and EN 45014

SCANNED

Manufacturer's Name: Delta Controls
Manufacturer's Address: 17850 56th Avenue
Surrey, British Columbia
Canada
V3S 1C7

declares that the product (s):

Product Name: 16 x 16 Controllers
Model Numbers: DSC-1616, DFM-1616
Product Options: All

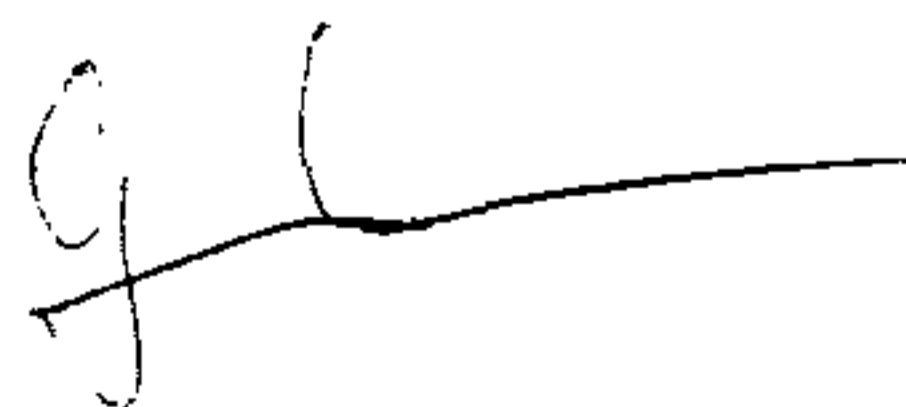
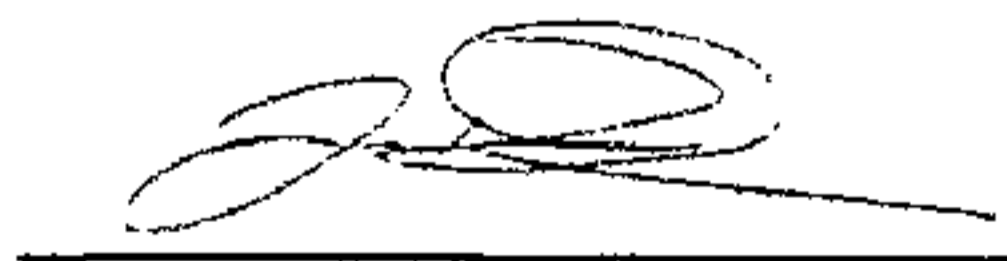
conforms to the following Product Specifications:

EN 50081-1:1992	Generic Emission Standard Part 1: Residential	
EN 55022:1998	Radiated and Conducted Emissions	Class A
EN 61000-3-2:1999	Power Line Harmonics	Class A
EN 61000-3-3:1998	Power Line Fluctuations	$P_{st} < 1, P_k < 0.65$
EN 50082-1:1997	Generic Immunity Standard Part 1: Residential	
EN 61000-4-2:1995	ESD Immunity	Level B
EN 61000-4-3:1996	RF Electromagnetic Field Immunity	Level A
ENV 50204:1995	RF Electromagnetic Field Immunity (Keyed Carrier)	Level A
EN 61000-4-4:1995	EFT/Burst Immunity	Level B
EN 61000-4-5:1995	Surge Immunity	Level B
EN 61000-4-6:1996	Conducted Immunity	Level A
EN 61000-4-11:1994	Voltage Dips / Interruptions	Level A/B/B/B

Supplementary Information

The product(s) herewith comply with the requirements of the EMC Directive 89/336/EEC. The product(s) were tested in a typical configuration.

Lee Dickson
Quality Assurance Manager



FCC Compliance Information

This equipment has been tested and found to comply with the limits for a Class A digital device, pursuant to part 15 of the FCC Rules. These limits are designed to provide reasonable protection against harmful interference when the equipment is operated in a commercial environment. This equipment generates, uses, and can radiate radio frequency energy and, if not installed and used in accordance with the instruction manual, may cause harmful interference to radio communications. Operation of this equipment in a residential area is likely to cause harmful interference in which case the user will be required to correct the interference at his own expense.

Industry Canada Compliance Statement

ICES-003 This Class A digital apparatus meets all requirements of the Canadian Interference-Causing Equipment Regulations

Cet appareil numérique de la Classe A Respecte toutes les exigences du Règlement sur le matériel brouiller du Canada.



This product conforms to the following UL requirements:

UL916: Energy Management Equipment

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CE - DECLARATION OF CONFORMITY

according to ISO/IEC Guide 22 and EN 45014

Manufacturer's Name: Delta Controls
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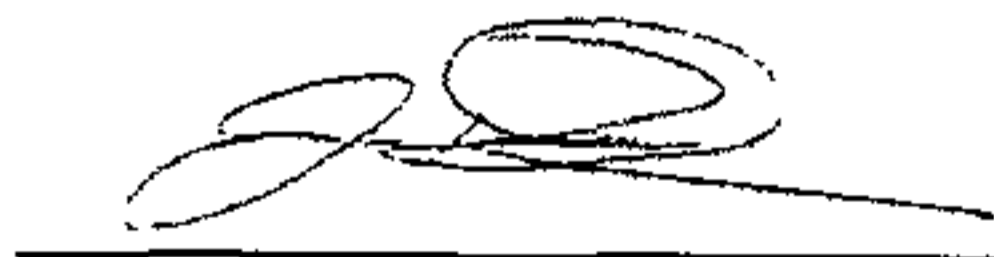
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 Quality Assurance Manager




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