| <u> </u> |                                                                                    | South Dublin County Co                                                                                                                                                                                                       | ancil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Plan Register No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          |                                                                                    | Local Government<br>(Planning & Developr<br>Acts 1963 to 199<br>Planning Register (Pa                                                                                                                                        | ment)<br>3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | S00A/0201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1.       | Location                                                                           | Killinarden Heights, Tallagh                                                                                                                                                                                                 | t, Dublin 24.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TO SECULATE SECULATION OF THE SECURATION OF THE |
| 2.       | Development                                                                        | Revised site layout to appro-<br>demolition of existing bunga<br>2 bed apartments in 12 no. 3<br>single storey residents law<br>of car parking, bicycle area<br>drainage, water and all asso<br>approved development under R | low, and the election of the e | rection of 72 no. , construction of cility, provision ndscaping, rks in lieu of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3 -      | Date of<br>Application                                                             | 24/03/00                                                                                                                                                                                                                     | 0-00-00-00-00-00-00-00-00-00-00-00-00-0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | her Particulars<br>sted (b) Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 3а.      | Type of                                                                            | Permission                                                                                                                                                                                                                   | 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|          | Application                                                                        |                                                                                                                                                                                                                              | '2 ∞                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 4.       | Submitted by Name: John A. Randall & Associates, Address: Kenlis, Greenfield Road, |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 5.       | Applicant                                                                          | Name: Bunty Properties Address: 62 Orwell Road, I                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 6.       | Decision                                                                           | O.C.M. No. 1500  Date 11/07/2000                                                                                                                                                                                             | Effect<br>WD WITHDRAW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | THE APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 7.       | Grant                                                                              | O.C.M. No.<br>Date                                                                                                                                                                                                           | Effect<br>WD WITHDRAW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | THE APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 8.       | Appeal<br>Lodged                                                                   |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 9.       | Appeal<br>Decision                                                                 |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 10,      | Material Contravention                                                             |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5. 855S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 11.      | Enforcement Compensation Purchase Notice                                           |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 12.      | Revocation or Ar                                                                   | nendment                                                                                                                                                                                                                     | 34 # # # B # # B # B # B # B # B # B # B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e ven                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 13.      | E.I.S. Requested                                                                   | E.I.S. Received                                                                                                                                                                                                              | E.I.S. 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \ppeal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 14.      | Registrar                                                                          | Date                                                                                                                                                                                                                         | Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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| f                |                                         |                        | ή                                                                        | e denoted a min                                                                                                                       | TO STREET                                              | Ī                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | van I.                              | 25                                                        |
|------------------|-----------------------------------------|------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|
| E N              |                                         |                        | Sout                                                                     | th Dublin County<br>Local Govern                                                                                                      | •                                                      | il                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Pl                                  | an Register No                                            |
|                  |                                         | 8                      | 1 0                                                                      | Planning & Deve                                                                                                                       |                                                        | : )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | S00A/0201                                                 |
|                  |                                         |                        |                                                                          | Acts 1963 to                                                                                                                          | -                                                      | ·*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | PAATT PRAT                                                |
| į                |                                         |                        | P1                                                                       | anning Register                                                                                                                       |                                                        | 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                           |
|                  | <del></del>                             |                        | THE THE WASHINGTON TO SEE THE TIME                                       |                                                                                                                                       |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                           |
| 9                | 1.                                      | Location               | Killinarden Heights, Tallaght, Dublin 24.                                |                                                                                                                                       |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                           |
| _                | · + * * * * * * * * * * * * * * * * * * |                        | * -                                                                      |                                                                                                                                       |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | 1111 11 11 11 11 11 11 11 11 11 11 11 1                   |
|                  | 2.                                      | Development            | demolition 2 bed apar single sto of car par drainage,                    | ite layout to ap<br>n of existing bu<br>rtments in 12 no<br>orey residents<br>rking, bicycle a<br>water and all a<br>development unda | ingalow<br>o. 3 sto<br>laundry<br>area, bi<br>associat | , and the er<br>orey blocks,<br>//drying fac<br>in area, lan<br>ted site wor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ecti<br>con<br>ilit<br>dsca<br>ks i | on of 72 no. struction of y, provision ping, n lieu of    |
|                  | <b>a</b> .                              | Dywlex .s.6            | 200 (00 (00                                                              | 3 <sup>2</sup>                                                                                                                        |                                                        | TO See the Thomas Life                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | T3                                  |                                                           |
| - <sub>1</sub>   | <b>3</b> i.,                            | Date of<br>Application | 24/03/00                                                                 | 11111<br>34                                                                                                                           |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | articulars<br>(b) Received                                |
|                  | 3a.                                     | Type of<br>Application | Permission                                                               | a .                                                                                                                                   |                                                        | 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 100°C 11 W                          | II.                                                       |
| 4 1/4 0          |                                         | a this are a second    |                                                                          | ≈<br>3                                                                                                                                |                                                        | 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | 2.                                                        |
| 0                | 4.                                      | Submitted by           | Name: John A. Randall & Associates,<br>Address: Kenlis, Greenfield Road, |                                                                                                                                       |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                           |
|                  | 5                                       | Applicant              | Name:<br>Address:                                                        | Bunty Properti                                                                                                                        |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                           |
| 3                | 6.                                      | Decision               | O.C.M. No.                                                               | . 1054                                                                                                                                |                                                        | ect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Y Zovie 34 cec. wigit               |                                                           |
| ***<br>***       |                                         |                        | Date                                                                     | 18/05/2000                                                                                                                            | XT'                                                    | REQUEST T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TME                                 | EXTENSION                                                 |
|                  | 7.                                      | Grant                  | O.C.M. No.                                                               | <del></del>                                                                                                                           | Eff                                                    | ect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 38                                  | 3 -                                                       |
| ,=x              |                                         |                        | Date                                                                     | v                                                                                                                                     | TX                                                     | REQUEST T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | IME :                               | EXTENSION                                                 |
| 300 1300         | 8.                                      | Appeal<br>Lodged       |                                                                          | =                                                                                                                                     | ***************************************                | CONTRACTOR ASSESSMENT OF CONTRACTOR OF CONTR | <u> </u>                            |                                                           |
|                  | 9.                                      | Appeal<br>Decision     |                                                                          | -<br>IIII                                                                                                                             |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                           |
| 2 <del>000</del> | 10.                                     | Material Contra        | vention                                                                  | æ<br>->                                                                                                                               | ľ                                                      | si                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ,                                   |                                                           |
|                  | 11.                                     | Enforcement            | Com                                                                      | pensation                                                                                                                             |                                                        | Purchase (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Noti                                | ce                                                        |
|                  | 12.                                     | Revocation or A        | mendment                                                                 | «                                                                                                                                     |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | =                                                         |
|                  | 13.                                     | E.I.S. Requeste        | ď                                                                        | E.I.S. Received                                                                                                                       |                                                        | E.I.S. Ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | peal                                | <u>२ १ च्हे ११ १२ व्हेल्या २१ १८६ - १ १८१ - १८१ ४ लहर</u> |
|                  | 14.                                     | Registrar              |                                                                          | Date                                                                                                                                  | ்கை வூற் நீ                                            | Receipt N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | \$ (\$, \$, \$)                                           |

## SOUTH DUBLIN COUNTY COUNCIL COMHAIRLE CHONTAE ÁTHA CLIATH THEAS

Bosca 4122, Lár an Bhaile, Tamhlacht, Baile Átha Cliath 24.

Telefon: 01-414 9000 Facs: 01-414 9104



**PLANNING** DEPARTMENT P.O. Box 4122, Town Centre, Tallaght, Dublin 24.

Telephone: 01-414 9000 Fax: 01-414 9104

LOCAL GOVERNMENT (PLANNING AND DEVELOPMENT) ACTS, 1963 TO 1993

| Decision Order Number 1500   | Date of Decision 11/07/2000 |
|------------------------------|-----------------------------|
| Register Reference S00A/0201 | Date 24/03/00               |
|                              |                             |

Applicant

Bunty Properties Ltd.,

App. Type

Development

Permission Revised site layout to approved development comprising

demolition of existing bungalow, and the erection of 72 no. 2 bed apartments in 12 no. 3 storey blocks, construction of single storey residents laundry/drying facility, provision

of car parking, bicycle area, bin area, landscaping,

drainage, water and all associated site works in lieu of

approved development under Reg. Ref. S99A/0468.

Location

Killinarden Heights, Tallaght, Dublin 24.

Dear Sir / Madam,

It is noted by letter dated 05/07/2000 that you have withdrawn the above mentioned application.

Yours faithfully

m4

12/07/00

for SENIOR ADMINISTRATIVE OFFICER

John A. Randall & Associates, Kenlis, Greenfield Road, Mount Merrion, Co. Dublin.

|     |                        | South Dublin County<br>Local Govern                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            | Plan Register N                                                           |  |
|-----|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--|
|     |                        | (Planning & Devel<br>Acts 1963 to<br>Planning Register                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | S00A/0201                                                                                                  |                                                                           |  |
| 1.  | Location               | Killinarden Heights, Tallaght, Dublin 24.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            |                                                                           |  |
| 2.  | Development            | Revised site layout to append demolition of existing but 2 bed apartments in 12 no single storey residents of car parking, bicycle a drainage, water and all a approved development under                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ngalow, and the er<br>. 3 storey blocks,<br>laundry/drying fac<br>rea, bin area, lan<br>ssociated site wor | ection of 72 no. construction of ility, provision dscaping, ks in lieu of |  |
| 3,  | Date of<br>Application | 24/03/00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            | er Particulars<br>ted (b) Received                                        |  |
| За. | Type of                | Permission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1.                                                                                                         | 1.                                                                        |  |
|     | Application            | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2.                                                                                                         | Ž .                                                                       |  |
| 4.  | Submitted by           | Name: John A. Randal:<br>Address: Kenlis, Greenfi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | l & Associates,<br>ield Road,                                                                              | <u> </u>                                                                  |  |
| 5.  | Applicant              | Name: Bunty Propertie<br>Address:<br>62 Orwell Road,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4                                                                                                          |                                                                           |  |
| 6,  | Decision               | O.C.M. No. 1054  Date 18/05/2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Effect<br>TX REQUEST T                                                                                     | IME EXTENSION                                                             |  |
| 7.  | Grant                  | O.C.M. No.<br>Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Effect<br>TX REQUEST T                                                                                     | IME EXTENSION                                                             |  |
| 8.  | Appeal<br>Lodged       | \$ 000 \$2±0 ± 100 ± 100 € 100 ± 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 |                                                                                                            | W44f78 F                                                                  |  |
| 9.  | Appeal<br>Decision     | - N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            |                                                                           |  |
| 10. | Material Contra        | vention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | n where we say                                                                                             | =                                                                         |  |
| 11. | Enforcement            | Compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Purchase 1                                                                                                 | Notice                                                                    |  |
| 12. | Revocation or A        | mendment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            |                                                                           |  |
| 13. | E.I.S. Requeste        | d E.I.S. Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | E.I.S. App                                                                                                 | eal                                                                       |  |
| 14. | Registrar              | Tate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Receipt No                                                                                                 |                                                                           |  |

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 17LA 27.15T                                                                                                                                                                                                   |                                                                                                |                                                                             |  |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--|
| )<br> <br> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | South Dublin County Council Local Government (Planning & Development) Acts 1963 to 1993 Planning Register (Part 1)                                                                                            |                                                                                                | Plan Register No.<br>S00A/0201                                              |  |
| 1          | Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Killinarden Heights, Tallaght, Dublin 24.                                                                                                                                                                     |                                                                                                |                                                                             |  |
| 2.         | Development                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Revised site layout to app<br>demolition of existing bun<br>2 bed apartments in 12 no.<br>single storey residents l<br>of car parking, bicycle ar<br>drainage, water and all as<br>approved development under | galow, and the end of a storey blocks, aundry/drying factors, bin area, land sociated site wor | rection of 72 no. construction of cility, provision dscaping, ks in lieu of |  |
| 3.         | Date of<br>Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 24/03/00                                                                                                                                                                                                      |                                                                                                | ner Particulars<br>sted (b) Received                                        |  |
| 3a.        | Type of<br>Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Permission                                                                                                                                                                                                    | 2,                                                                                             | 2                                                                           |  |
| 4.         | Submitted by Name: John A. Randall & Associates, Address: Kenlis, Greenfield Road,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                               |                                                                                                |                                                                             |  |
| 5.         | Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | plicant Name: Bunty Properties Ltd., Address: 62 Orwell Road, Dublin 6.                                                                                                                                       |                                                                                                |                                                                             |  |
| 6.         | Decision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | O.C.M. No. 1343  Date 20/06/2000                                                                                                                                                                              | Effect<br>TX REQUEST T                                                                         | PIME EXTENSION                                                              |  |
| 7.         | Grant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | O.C.M. No.<br>Date                                                                                                                                                                                            | Effect<br>TX REQUEST 1                                                                         | rime extension                                                              |  |
| 8.         | Appeal<br>Lodged                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                               |                                                                                                | ###                                                                         |  |
| 9.         | Appeal<br>Decision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                               |                                                                                                | 7 DN 2 WN =                                                                 |  |
| 10.        | Material Contravention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                               | energy - X                                                                                     |                                                                             |  |
| 11.        | Enforcement Compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                               | Purchase                                                                                       | Notice                                                                      |  |
| 12,        | Revocation or A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Amendment                                                                                                                                                                                                     |                                                                                                | = :92.Y 1                                                                   |  |
|            | E.I.S. Requested E.I.S. Received E.I.S. Appeal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                               |                                                                                                |                                                                             |  |
| 13.        | eeman, are telesis V rate of the rate of |                                                                                                                                                                                                               |                                                                                                |                                                                             |  |

20 % - 30 -

## SOUTH DUBLIN COUNTY COUNCIL COMHAIRLE CHONTAE ÁTHA CLIATH THEAS

Bosca 4122, Lár an Bhaile, Tamhlacht, Baile Átha Cliath 24.

Telefon: 01-414 9000 Facs: 01-414 9104



PLANNING DEPARTMENT

P.O. Box 4122, Town Centre, Tallaght, Dublin 24.

Telephone: 01-414 9000

Fax: 01-414 9104

LOCAL GOVERNMENT (PLANNING AND DEVELOPMENT) ACTS, 1963 TO 1993

| Decision Order Number 1054   | Date of Decision 18/05/2000 |
|------------------------------|-----------------------------|
|                              | 04                          |
| Register Reference S00A/0201 | Date 24/03/00               |
|                              |                             |

Applicant

Bunty Properties Ltd.,

App. Type

Permission

Development

Revised site layout to approved development comprising demolition of existing bungalow, and the erection of 72 no. 2 bed apartments in 12 no. 3 storey blocks, construction of single storey residents laundry/drying facility, provision of car parking, bicycle area, bin area, landscaping, drainage, water and all associated site works in lieu of approved development under Reg. Ref. S99A/0468.

Location

Killinarden Heights, Tallaght, Dublin 24.

Dear Sir / Madam,

In accordance with Section 26 (4a) of the Local Government (Planning and Development) Act 1963 as amended by Section 39 (f) of the Local Government (Planning and Development) Act 1976 the period for considering this application has been extended, up to and including 23/06/2000

Yours faithfully

AA.

ONTO ADMINISTRATIVE (

18/05/00

for SENIOR ADMINISTRATIVE OFFICER

John A. Randall & Associates, Kenlis, Greenfield Road, Mount Merrion, Co. Dublin.

## SOUTH DUBLIN COUNTY COUNCIL COMHAIRLE CHONTAE ÁTHA CLIATH THEAS

Bosca 4122, Lár an Bhaile, Tamhlacht, Baile Átha Cliath 24.

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PLANNING
DEPARTMENT
P.O. Box 4122,
Town Centre, Tallaght,
Dublin 24.

Telephone: 01-414 9000 Fax: 01-414 9104

LOCAL GOVERNMENT (PLANNING AND DEVELOPMENT) ACTS, 1963 TO 1993

| Date of Decision 20/06/2000 |
|-----------------------------|
|                             |
| Date 24/03/00               |
|                             |

Applicant

Bunty Properties Ltd.,

App. Type

Permission

Development

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Yours faithfully

20/06/00

for SENIOR ADMINISTRATIVE OFFICER

John A. Randall & Associates, Kenlis, Greenfield Road, Mount Merrion, Co. Dublin.