## COMHAIRLE CHONTAE ATHA CLIATH

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IG AND	REGISTER REFERENCE	
	M. 1016	
The Stables, Upper Calliaghtstown, Rathcoole. S		
		Date Furthe equested
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q.,	At the second se	
Address Shramare, Roundwoods.		
Calliaghtstown (Rathcoole)	n, Co. Dublin.	
	1 June, 1977	
Effect Perm	nission Refused	
Notified		
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Decision		
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		Ref. in Compensation Register
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	Registrar.	
Copy issued by Registrar.  Date		
neet Co. Accts. Receipt No		
<b>###</b> ##		

## DUBLIN COUNTY COUNCIL

TELEPHONE: 42951 (EXT. 131)

in the first instance.

Planning Department, 46-49 Dame Street, Dublin 2.

## NOTIFICATION OF A DECISION TO REFUSE: XOLITANEX REPUNSSION: PERMISSION: APPROVAL: LOCAL GOVERNMENT (PLANNING & DEVELOPMENT) ACT, 1963.

	To: Thomas Kennedy.	Register Reference No	
	The Stebles	Planning Control No. 15091	
	Rethcoole, Co. Dublin.	Application received 25/4/77	
Ĭ	APPLICANT: Mr. Thomas Kennedy.		
i i r	In pursurance of its functions under the above mentioned Act the Dublin County Council, being the Planning Authority for the County Health District of Dublin, did by order #/2127/77		
j	for Proposed bungalow at The Stebles, Upper Celliaghetown, Ratheople.		
	for the following reasons:		
	<ol> <li>The proposed development would contravene mat inclusive set out in Order No: P/2126/74, dat decision to grant cutline permission on a 3-a present application forms a part was made by</li> </ol>	ced b/7/74, whereby a	
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	à contract de la cont	Wi .	
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~**	5.	an	
Sı	igned on behalf of the Dublin County Council:	C46	
W.	OTE: An appeal against the decision may be made to the ne month from the date of receipt by the applicant of this no ithin twenty-one days of the date of the decision. The appeal ate the subject matter of the appeal and grounds of the appeal e Secretary, (Planning Appeals Section), Department of Loublin 1 1 When appeals the subject matter of the appeals section.	otification or by any other person eal shall be in writing and shall neal and should be addressed to	

Local Government will determine the application for permission as if it had been made to him

Form 5.