

COMHAIRLE CHONTAE ÁTHA CLIATH

P. C. Reference	LOCAL GOVERNMENT (PLANNING AND DEVELOPMENT) ACT 1963 & 1976 PLANNING REGISTER		REGISTER REFERENCE XA.1962.
1. LOCATION	136, Tymon Heights, Firhouse. S		
2. PROPOSAL	Conversion of existing outhouse to chiropody surgery.		
3. TYPE & DATE OF APPLICATION	TYPE P	Date Received 19/10/1982.	Date Further Particulars
			(a) Requested (b) Received
			1. 10th dec., 1982 1. 15th Dec., 1982
			2. 2.
4. SUBMITTED BY	Name Mr. T. Fitzpatrick, Address 136, Tymon Heights, Firhouse.		
5. APPLICANT	Name AS ABOVE. Address		
6. DECISION	O.C.M. No. PA/280/83		Notified 11th Feb., 1983
	Date 11th Feb., 1983		Effect To grant permission,
7. GRANT	O.C.M. No. PBD/88/83		Notified 23rd March, 1983
	Date 23rd March, 1983		Effect Permission granted
8. APPEAL	Notified		Decision
	Type		Effect
9. APPLICATION SECTION 26 (3)	Date of application		Decision
			Effect
10. COMPENSATION	Ref. in Compensation Register		
11. ENFORCEMENT	Ref. in Enforcement Register		
12. PURCHASE NOTICE			
13. REVOCATION or AMENDMENT			
14.			
15.			

Prepared by

Checked by

Copy issued by Registrar.

Date

Co. Accts. Receipt No

DUBLIN COUNTY COUNCIL

PLANNING DEPARTMENT,
BLOCK 2,
IRISH LIFE CENTRE,
LR. ABBEY STREET,
DUBLIN 1.

Tel. 724755 (ext. 262/264)

Notification of Grant of Permission/Approval

Local Government (Planning and Development) Acts, 1963-1982

To **T. Fitzpatrick,**
136 Tymon Heights,
Firhouse,
Co. Dublin.
Applicant **T. Fitzpatrick.**

Decision Order
Number and Date **PA/280/83: 11/2/83.**
Register Reference No. **XA.1962**
Planning Control No.
Application Received on **19/10/82**
Add. Inf. Rec. **15/12/82.**

A PERMISSION/APPROVAL has been granted for the development described below subject to the undermentioned conditions.

Proposed conversion of existing outhouse to chiropody surgery at 136
Tymon Heights Firhouse Road.

CONDITIONS	REASONS FOR CONDITIONS
1. The development to be carried out in its entirety in accordance with the plans, particulars and specification lodged with the application, save as may be required by the other conditions attached hereto.	1. To ensure that the development shall be in accordance with the permission and that effective control be maintained.
2. That the xxx requirements of the Chief Medical Officer be ascertained and strictly adhered to in the development.	2. In the interest of health.
3. That the requirements of the Chief Fire Officer be ascertained and strictly adhered to in the development.	3. In the interest of safety and the avoidance of fire hazard.
4. That the use shall be discontinued not later than the 1st March, 1986, unless by that date px permission for the continuance of the use for a further period has been granted by the Planning Authority, or An Bord Pleanala on appeal.	4. To enable the effect of the development on the amenities of the area to be reviewed, having regard to the conditions then obtaining.
5. That the use permitted by this permission shall continue only for so long as the business of Chiropody is carried on by the present occupant of the house.	5. To prevent unauthorised development.

Signed on behalf of the Dublin County Council

[Signature]
For Principal Officer

Date **23 MAR 1983**

Approval of the Council under Building Bye-Laws must be obtained before the development is commenced and the terms of approval must be complied with in the carrying out of the work.

XA 1962

10th December, 1982.

T. Fitzpatrick,
136 Tymon Heights,
Firhouse,
Co. Dublin.

RE: Proposed conversion of existing outhouse to chiropody surgery at
136 Tymon Heights, Firhouse Road, for T. Fitzpatrick.

Dear Sir,

With reference to your planning application received here on 19th October, 1982, in connection with the above, I wish to inform you that before the application can be considered under the Local Government (Planning and Development) Acts, 1963-1982, the following additional information must be submitted in quadruplicate:-

1. Applicant to submit specific details relating to the use of the building as a chiropody surgery indicating whether the surgery shall be for treating local residents only, whether it shall be the applicant's principal surgery, the number of patients anticipated daily, proposed surgery hours and details relating to car parking requirements and provision.

Please mark your reply "Additional Information" and quote the Ref. E Ref. No. given above.

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Yours faithfully,



for Principal Officer.