

O.S. No. Grid Ref. _____

1. LOCATION
14 St. Anthony Ave, Doon Pt. Clonsilla

2. PROPOSAL
Subject of Application
Revised type home plan

3. APPLICATION
Type and Date
Type of Application: **Permission**
Application Date: **20/1/70**
Further Particulars Requested: **1**
Further Particulars Received: **2**

4. SUBMITTED BY
Name and Address
P. O'Leary
Address: **S Annerville Drive, Stillorgan**

5. PROPOSER'S NAME
AND ADDRESS
Name: **as above**
Address: **as above**

6. DECISION
O.C.M. & Date: **19/3/70**
Date of Grant: **19/3/70**
Notified: **19/3/70**
Sent: **19/3/70**
Effect: **as above**

7. GRANT
Effect: **as above**

8. APPEAL
Notification to Co. Council: _____
Date of Application: _____
Date of Minister's Decision: _____
Effect of Decision of Minister: _____

9. S.26(3)
APPLICATION
Date of Minister's Decision: _____
Effect of Decision of Minister: _____

10. COMPENSATION
Claim: _____
Ref. in Part II. (Compensation Register)

11. ENFORCEMENT
Section: _____
Ref. in Part III. (Enforcement Register)

12. PURCHASE NOTICE

13. REVOCATION OR AMENDMENT

14.

15.

16.

Date of issue of copy _____

Registrar _____

Co. Accountant's Receipt No. _____