## COMHAIRLE CHONTAE ATHA CLIATH

| P. C. Reference                  | LOCAL GOVERNMENT (PLANNING AND DEVELOPMENT) ACT 1963 & 1976             |                         | REGISTER REFERENCI WB 1162       |  |
|----------------------------------|-------------------------------------------------------------------------|-------------------------|----------------------------------|--|
| 1 100471011                      | PLANNING REGISTER WB 1162                                               |                         |                                  |  |
| 1. LOCATION                      | 168, Ballyroan Road, Rathfarnham, Dublin 16.                            |                         |                                  |  |
| 2. PROPOSAL                      | Extension,                                                              |                         |                                  |  |
| 3. TYPE & DATE<br>OF APPLICATION | TYPE Date Received (a                                                   | Date Furth<br>Requested | er Particulars<br>(b) Received   |  |
|                                  | P 27th July, 1981 2.                                                    |                         | 2                                |  |
| 4. SUBMITTED BY                  | Name S. Cullinan,  Address 168, Ballyroan Road, Rathfarnham, Dublin 16. |                         |                                  |  |
| 5. APPLICANT                     | Name as above, Address                                                  |                         |                                  |  |
| 6. DECISION                      |                                                                         |                         | Sept., 1981<br>rant permission,  |  |
| 7. GRANT                         | O.C.M. No. PBD/620/81  Date 13th Nov., 1981                             |                         | h Nov., 1981<br>mission granted, |  |
| 8. APPEAL                        | Notified<br>Type                                                        | Decision<br>Effect      |                                  |  |
| 9. APPLICATION<br>SECTION 26 (3) | Date of application                                                     | Decision<br>Effect      |                                  |  |
| 10. COMPENSATION                 | Ref. in Compensation Register                                           | •                       |                                  |  |
| 11. ENFORCEMENT                  | Ref. in Enforcement Register                                            |                         |                                  |  |
| 12. PURCHASE<br>NOTICE           |                                                                         |                         |                                  |  |
| 13. REVOCATION or AMENDMENT      |                                                                         |                         |                                  |  |
| 14.                              | ,                                                                       |                         |                                  |  |
| 15.                              |                                                                         |                         |                                  |  |
| Prepared by                      | _                                                                       |                         | Registr                          |  |

Fingal Agencies - Dublin 3.

## PBD/620/81 **DUBLIN COUNTY COUNC**

Tel. 724755 (Ext. 262/264)

PLANNING DEPARTMENT DUBLIN COUNTY COUNCIL IRISH LIFE CENTRE LOWER ABBEY STREET **DUBLIN 1** 

## Notification of Grant of Permission/Approval

Local Government (Planning and Development) Acts, 1963 & 1976

| То:        | * Cullings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Deci<br>Num             | ision Order ***********************************                                                                      |  |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------|--|
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         | ister Reference No                                                                                                   |  |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | . Plan                  | ning Control No.                                                                                                     |  |
| ********** |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Application Received on |                                                                                                                      |  |
| Applic     | ant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                                                                                                      |  |
| A PEI      | RMISSION/APPROVAL has been granted for the development                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -                       |                                                                                                                      |  |
| <br>       | CT TO THE FOLLOWING CONDITIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         | d-==+++++++++++++++++++++++++++++++++++                                                                              |  |
| SOBJE      | CONDITIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | . r                     | REASONS FOR CONDITIONS                                                                                               |  |
| 1.         | Subject to the conditions of this permission, that the development out and completed strictly in accordance with the pand specification lodged with the application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         | To ensure that the development shall be in accordance with the permission, and that effective control be maintained. |  |
| 2.         | That before development commences approval under the Build Bye-Laws be obtained, and all conditions of that approva observed in the development.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         | <ol> <li>In order to comply with the Sanitary Services         Acts, 1878 — 1964.</li> </ol>                         |  |
| 3.         | That the entire premises be used as a single dwelling unit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         | 3. To prevent unauthorised development.                                                                              |  |
| 4.         | That all external finishes harmonise in colour and texture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | with                    | 4. In the interest of visual amenity.                                                                                |  |
|            | the existing premises.  The particular and the analysis of the present of the particular and the particular |                         |                                                                                                                      |  |
| Signed     | on behalf of the Dublin County Council:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         | for Principal Officer                                                                                                |  |

Date: .....

approval must be complied with in the carrying out of the work.