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	P.C. Deferment	1				· ·	
	P. C. Reference		LOCAL GOVERNMEN DEVELOPMENT) A	INING AND 3 & 1976	REGISTER REI	FERENCE	
			PLANNING REGISTER			WA 2370	
	1. LOCATION	Ballymount Road, Walkinstown, Dublin 12,					
	2. PROPOSAL	Store adj. premises,					
	3. TYPE & DATE OF APPLICATION	TYPE	Date Received	Date Furthe (a) Requested		r Particulars (b) Received	-
		P	24th Nov., 1981	1.22n	d Jan., 1982	1	· · · · · · · · · · · · · · · · · · ·
	4. SUBMITTED BY	2. 2. Name BallyManufacturing Company (I) Ltd., Address Ballymount Road, Walkinstown, Dublin 12.					
	5. APPLICANT	Name as above, Address					
	6. DECISION	O.C.M. Date	No.		Notified		
	7. GRANT	O.C.M. No.					
		Date			Notified		
					Effect		
	8. APPEAL	Notified			Decision		
		Туре			Effect		
	9. APPLICATION	Date of			Decision		
	SECTION 26 (3)	application			Effect		
	10. COMPENSATION	Ref. in (Ref. in Compensation Register				
	11. ENFORCEMENT	Ref. in E	Ref. in Enforcement Register				
ſ	12. PURCHASE					<u> </u>	



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WA.2370

22nd January, 1982.

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Bally Manufacturing Co., Ballymount Road, Wakinatown, DUBLIN, 12.

RE: Proposed store adjoining premises at Ballymount Road, Welkinstown for Belly Menufacturing Co.

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Dear Sir,

I refer to your planning application received here on the 24th Novamber, 1981 in connection with the above and I wish to inform you that before your application can be considered under the Local Government (Planning and Development) Acts, 1963 and 1976 the following additional information must be submitted in quadruplicate:-

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- Specific details of the existing structures located on the car parking area adjoining the eastern boundary of the site, which is indicated on the Block ix Layout Plan submitted with this application.
- 2. Details of the existing number of workers both male and female and the anticipated new employment content both male and female.
- 3. Details of the existing off-streat car parking facilities and loading/unloading facilities together with details of the proposed additional off streat car parking arrangements related to the Development Plan requirements.
- N.B. Please mark your reply "Additional Information" and quote the reference number given above.

Yours sincerely,

for PrincipalOfficer.