

# COMHAIRLE CHONTAE ÁTHA CLIATH

S

P. C. Reference	LOCAL GOVERNMENT (PLANNING AND DEVELOPMENT) ACT 1963 & 1976 <b>PLANNING REGISTER</b>	REGISTER REFERENCE  YA.1660															
1. LOCATION	Hazelhatch, Co. Dublin.																
2. PROPOSAL	Use of attic space of proposed house for living area.																
3. TYPE & DATE OF APPLICATION	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">TYPE</th> <th style="width: 20%;">Date Received</th> <th colspan="2" style="text-align: center;">Date Further Particulars</th> </tr> <tr> <td></td> <td></td> <th style="width: 15%;">(a) Requested</th> <th style="width: 15%;">(b) Received</th> </tr> <tr> <td style="text-align: center;">P.</td> <td style="text-align: center;">20th Oct. 83.</td> <td>1. ....</td> <td>1. ....</td> </tr> <tr> <td></td> <td></td> <td>2. ....</td> <td>2. ....</td> </tr> </table>	TYPE	Date Received	Date Further Particulars				(a) Requested	(b) Received	P.	20th Oct. 83.	1. ....	1. ....			2. ....	2. ....
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		(a) Requested	(b) Received														
P.	20th Oct. 83.	1. ....	1. ....														
		2. ....	2. ....														
4. SUBMITTED BY	Name Mr. P. M. Ging, Address "Laureston", Monastery Road, Clondalkin, Co. Dublin.																
5. APPLICANT	Name Mr. & Mrs. F. Reynolds. Address C/O Hibernian House, Main Street, Clondalkin, Co. Dub.																
6. DECISION	O.C.M. No. PA/2638/83 Date 19th Dec., 1983	Notified 19th Dec., 1983 Effect To grant permission															
7. GRANT	O.C.M. No. P/305/84 Date 6th Feb., 1984	Notified 6th Feb., 1984 Effect Permission granted															
8. APPEAL	Notified Type	Decision 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 .....	Copy issued by ..... Registrar.
Checked by .....	Date .....
Co. Accts. Receipt No .....	

