

An
Bord
Pleanála

Registration form for participation in an oral hearing

Part 1: Details about you and if you are taking part in the oral hearing

Case details

1. An Bord Pleanála's case reference number (for example: ABP-300000-19)

ABP-310286-21

AN BORD PLEANÁLA

LDG-

ABP-

09 SEP 2022

Fee: €

Type:

Time:

By:

post

Your details

2. Your full details:

- (a) Name

Click or tap here to enter text.

David Hickey

- (b) Address

Click or tap here to enter text.

Shinamagh, Ballyhea,
Charleville, Co. Cork.

3. Agent's details (if applicable)

If an agent is acting for you, please **also** provide their details below. If you are not using an agent, please write "Not applicable" below.

Agent's name

Click or tap here to enter text.

Not Applicable.

Are you taking part in the oral hearing?

4. If you wish to take part in the oral hearing, please tick the **"Yes, I wish to take part in the oral hearing"** box below. Then please provide the details of your submission in Part 2.

If you do not wish to take part in the oral hearing, please tick the **"No, I do not wish to take part in the oral hearing"** box. Then please send this form back to us either by email or by post using the details provided in the letter we have sent you.

Yes, I wish to take part in the oral hearing

☒

No, I do not wish to take part in the oral hearing

☐

Accessibility requirements

- 5 Do you or a member of your group have any accessibility requirements that we may need to facilitate you at the hearing? Examples include Irish Sign Language Interpretation, Accessible Car Park Space, or facilities for Guide or Assistance Dogs.

Yes

☐

No

☒

(please provide details below)

If yes, please write what assistance you require at the oral hearing. If you do not wish to put the details on this form, please contact the [case officer](#) or [Access officer](#) for further help.

Click or tap here to enter text.

Part 2: Information about your submission to the oral hearing

6. Please provide details about your submission to the oral hearing

(a) Do you intend to ask questions?

Yes

☒

No

☐

(b) Are you intending to have a specialist or other person make a submission on your behalf?

Yes

(please provide details below)

☐

No

☒

If yes to question 6(b), provide details of the name(s) and specialism(s) for example Planning Consultant. Please attach additional pages if required.

Click or tap here to enter text.

(c) How long do you think your submission and questions will take?
(in minutes)

(for example: 30 minutes) Please note that the time allocated to you will be at the discretion of the Inspector and will include time for questions.

Click or tap here to enter text.

10 mins.

(d) If you are an observer, are you joining with another observer or observers to present your submission together as a group?

Yes

(please provide details below)

☒

No

☐

If yes to question 6(d), please indicate with what other observer or observers you are joining together with

Click or tap here to enter text.

Group of people.

Rules for participating at oral hearings

7. Before you send this form back please read the rules for participating at oral hearings. This document may have been sent to you, or is available at: www.pleanala.ie/en-ie/oral-hearings or by contacting us. When you have read the rules please sign the box below to confirm that you have read, understood and accept the rules.

I have read and understood the rules for participating in the An Bord Pleanála oral hearing that I or my group will be attending. I agree to accept and follow the rules on my behalf and for those that are attending with me.

Please sign this box

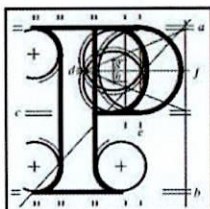
D. Hickey

Data Protection

An Bord Pleanála uses your personal data only to provide our services as set out under relevant legislation.

To provide these services, we are required to collect certain personal data such as names, addresses and site descriptions. We will use any extra personal data that you voluntarily supply to meet statutory requirements to carry out our duties and functions.

You should note that the personal data you supply will be circulated to other relevant parties and made available in the public domain about any matter before An Bord Pleanála. This use complies with the General Data Protection Regulations (GDPR).



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Case details

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ABP-310286-21

Your details

2. Your full details:

(a) Name

Eileen Mackelley

(b) Address

4 Beechwood Drive Ballylea
Charleville Co. Cork

3. Agent's details (if applicable)

If an agent is acting for you, please **also** provide their details below. If you are not using an agent, please write "Not applicable" below.

Agent's name

Not applicable

Are you taking part in the oral hearing?

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Yes, I wish to take part in the oral hearing

☒

No, I do not wish to take part in the oral hearing

☐

Accessibility requirements

5. Do you or a member of your group have any accessibility requirements that we may need to facilitate you at the hearing? Examples include Irish Sign Language Interpretation, Accessible Car Park Space, or facilities for Guide or Assistance Dogs.

Yes

☐

No

☒

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Part 2: Information about your submission to the oral hearing

6. Please provide details about your submission to the oral hearing

(a) Do you intend to ask questions?

Yes

☒

No

☐

(b) Are you intending to have a specialist or other person make a submission on your behalf?

Yes

(please provide details below)

☐

No

☒

If yes to question 6(b), provide details of the name(s) and specialism(s) for example Planning Consultant. Please attach additional pages if required.

(c) How long do you think your submission and questions will take?
(in minutes)

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15 minutes

(d) If you are an observer, are you joining with another observer or observers to present your submission together as a group?

Yes

(please provide details below)

☒

No

☐

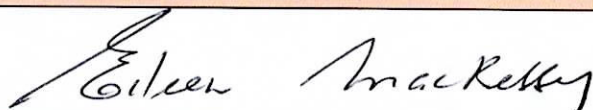
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Group

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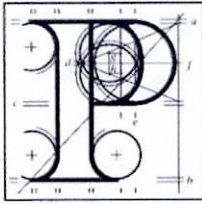


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ABP-310286-21

LDG- _____

ABP- _____

09 SEP 2022

Fee: € _____

Type: _____

Time: _____

By: pest

Your details

2. Your full details:

(a) Name

Click or tap here to enter text.

Caroline Mackessy

(b) Address

Click or tap here to enter text.

10, Beechwood Dr,
Ballyhea, Charleville, Co. K.

3. Agent's details (if applicable)

If an agent is acting for you, please **also** provide their details below. If you are not using an agent, please write "Not applicable" below.

Agent's name

Click or tap here to enter text.

Not Applicable

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Yes, I wish to take part in the oral hearing

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Yes

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No

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6. Please provide details about your submission to the oral hearing

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Yes

☒

No

☐

(b) Are you intending to have a specialist or other person make a submission on your behalf?

Yes

(please provide details below)

☐

No

☒

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(c) How long do you think your submission and questions will take? (in minutes)

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Click or tap here to enter text.

10 mins

(d) If you are an observer, are you joining with another observer or observers to present your submission together as a group?

Yes

(please provide details below)

☒

No

☐

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Click or tap here to enter text.

GROUP.

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Please sign this box

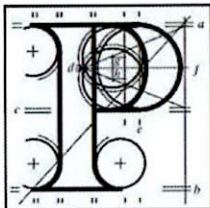
C. MacKessy,

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Registration form for participation in an oral hearing

Planning Department

-7 SEP 2022

Cork County Council
County Hall
Cork

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Case details

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ABP-310286-21

AN BORD PLEANÁLA

ABP-

09 SEP 2022

Fee: €

Type:

Time:

By:

past

Your details

2. Your full details:

(a) Name

THOMAS WATT

(b) Address

CORK COUNTY COUNCIL
COUNTY HALL, CARRIGROHANE ROAD
CORK,

3. Agent's details (if applicable)

If an agent is acting for you, please **also** provide their details below. If you are not using an agent, please write "Not applicable" below.

Agent's name

Are you taking part in the oral hearing?

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Yes, I wish to take part in the oral hearing

☐

No, I do not wish to take part in the oral hearing

☒

Accessibility requirements

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Yes

☐

No

☐

(please provide details below)

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6. Please provide details about your submission to the oral hearing

(a) Do you intend to ask questions?

Yes

☐

No

☒

(b) Are you intending to have a specialist or other person make a submission on your behalf?

Yes

(please provide details below)

☐

No

☒

If yes to question 6(b), provide details of the name(s) and specialism(s) for example Planning Consultant. Please attach additional pages if required.

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(d) If you are an observer, are you joining with another observer or observers to present your submission together as a group?

Yes

(please provide details below)

☐

No

☒

If yes to question 6(d), please indicate with what other observer or observers you are joining together with

I WISH TO ATTEND IN OBSERVER CAPACITY
ON BEHALF OF Cork Co Co. (Planning Dept)

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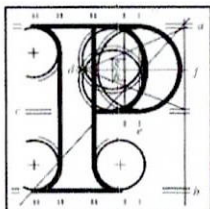
Thomas WATTS, SENIOR PLANNER.

Data Protection

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ABP-310286-21

Your details

2. Your full details:

(a) Name

Click or tap here to enter text.

Maria O'Hanlon McInerney

(b) Address

Click or tap here to enter text.

Loughlea.
Buttevant. Co. Cork

3. Agent's details (if applicable)

If an agent is acting for you, please **also** provide their details below. If you are not using an agent, please write "Not applicable" below.

Agent's name

Click or tap here to enter text.

Not applicable

Are you taking part in the oral hearing?

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Yes, I wish to take part in the oral hearing

☒

No, I do not wish to take part in the oral hearing

☐

Accessibility requirements

5. Do you or a member of your group have any accessibility requirements that we may need to facilitate you at the hearing? Examples include Irish Sign Language Interpretation, Accessible Car Park Space, or facilities for Guide or Assistance Dogs.

Yes

☐

No

☒

(please provide details below)

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Click or tap here to enter text.

Part 2: Information about your submission to the oral hearing

6. Please provide details about your submission to the oral hearing

(a) Do you intend to ask questions?

Yes

☒

No

☐

(b) Are you intending to have a specialist or other person make a submission on your behalf?

Yes

(please provide details below)

☐

No

☒

If yes to question 6(b), provide details of the name(s) and specialism(s) for example Planning Consultant. Please attach additional pages if required.

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Click or tap here to enter text.

30 minutes.

(d) If you are an observer, are you joining with another observer or observers to present your submission together as a group?

Yes

(please provide details below)

☒

No

☐

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Click or tap here to enter text.

Board of management Ballyhea N. school.

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Please sign this box

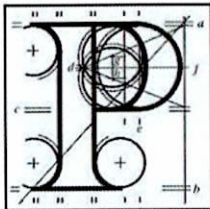
Maia O'Hanlon M'Donoghue

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ABP-310286-21

Your details

2. Your full details:

(a) Name

BERNADETTE LEAHY

(b) Address

GURRANE, BALLYHEA
CHARLEVILLE, CO. CORK P56 RP 95

3. Agent's details (if applicable)

If an agent is acting for you, please **also** provide their details below. If you are not using an agent, please write "Not applicable" below.

Agent's name

NOT APPLICABLE.

Are you taking part in the oral hearing?

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Yes, I wish to take part in the oral hearing

☒

No, I do not wish to take part in the oral hearing

☐

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Yes

☐

No

☒

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(a) Do you intend to ask questions?

Yes

☒

No

☐

(b) Are you intending to have a specialist or other person make a submission on your behalf?

Yes

(please provide details below)

☐

No

☒

If yes to question 6(b), provide details of the name(s) and specialism(s) for example Planning Consultant. Please attach additional pages if required.

(c) How long do you think your submission and questions will take?
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10 MINUTES .

(d) If you are an observer, are you joining with another observer or observers to present your submission together as a group?

Yes

(please provide details below)

☐

No

☒

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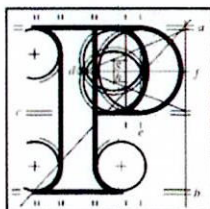
Bernadette Leahy 7th September 2022.

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Your details

2. Your full details:

(a) Name

Click or tap here to enter text.

GERARDINE EGAN

(b) Address

Click or tap here to enter text.

CASTLEWRIXON
BALLYHEA
CHARLEVILLE CO. CORK

3. Agent's details (if applicable)

If an agent is acting for you, please **also** provide their details below. If you are not using an agent, please write "Not applicable" below.

Agent's name

Click or tap here to enter text.

N/A

Are you taking part in the oral hearing?

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Yes, I wish to take part in the oral hearing

☒

No, I do not wish to take part in the oral hearing

☐

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Yes

☐

No

☒

(please provide details below)

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Yes

☒

No

☐

(b) Are you intending to have a specialist or other person make a submission on your behalf?

Yes

(please provide details below)

☐

No

☒

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(c) How long do you think your submission and questions will take? (in minutes)

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Click or tap here to enter text.

20 minutes

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Yes

(please provide details below)

☐

No

☒

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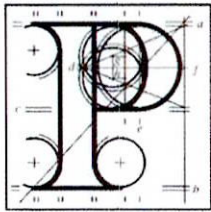
Geraldine Egan

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An
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Registration form for participation in an oral hearing

Part 1: Details about you and if you are taking part in the oral hearing

Case details

1. An Bord Pleanála's case reference number (for example: ABP-300000-19)

ABP-310286-21

Your details

2. Your full details:

(a) Name

Click or tap here to enter text.

Dave Ryan

(b) Address

Click or tap here to enter text.

Shmarna, Ballyhea, Shanleville Co. Cork

3. Agent's details (if applicable)

If an agent is acting for you, please **also** provide their details below. If you are not using an agent, please write "Not applicable" below.

Agent's name

Click or tap here to enter text.

N/A

Are you taking part in the oral hearing?

4. If you wish to take part in the oral hearing, please tick the **"Yes, I wish to take part in the oral hearing"** box below. Then please provide the details of your submission in Part 2.

If you do not wish to take part in the oral hearing, please tick the **"No, I do not wish to take part in the oral hearing"** box. Then please send this form back to us either by email or by post using the details provided in the letter we have sent you.

Yes, I wish to take part in the oral hearing

☒

No, I do not wish to take part in the oral hearing

☐

Accessibility requirements

5. Do you or a member of your group have any accessibility requirements that we may need to facilitate you at the hearing? Examples include Irish Sign Language Interpretation, Accessible Car Park Space, or facilities for Guide or Assistance Dogs.

Yes

☐

No

☒

(please provide details below)

If yes, please write what assistance you require at the oral hearing. If you do not wish to put the details on this form, please contact the [case officer](#) or [Access officer](#) for further help.

Click or tap here to enter text.

Part 2: Information about your submission to the oral hearing

6. Please provide details about your submission to the oral hearing

(a) Do you intend to ask questions?

Yes

☒

No

☐

(b) Are you intending to have a specialist or other person make a submission on your behalf?

Yes

(please provide details below)

☐

No

☒

If yes to question 6(b), provide details of the name(s) and specialism(s) for example Planning Consultant. Please attach additional pages if required.

Click or tap here to enter text.

(c) How long do you think your submission and questions will take? (in minutes)

(for example: 30 minutes) Please note that the time allocated to you will be at the discretion of the Inspector and will include time for questions.

Click or tap here to enter text.

15 minutes

(d) If you are an observer, are you joining with another observer or observers to present your submission together as a group?

Yes

(please provide details below)

☐

No

☒

If yes to question 6(d), please indicate with what other observer or observers you are joining together with

Click or tap here to enter text.

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I have read and understood the rules for participating in the An Bord Pleanála oral hearing that I or my group will be attending. I agree to accept and follow the rules on my behalf and for those that are attending with me.

Please sign this box

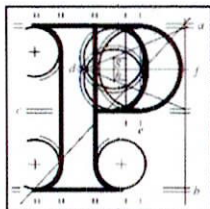


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Your details

2. Your full details:

(a) Name

Click or tap here to enter text.

Hilton Lowell

(b) Address

Click or tap here to enter text.

Longford Ave
Ballyroe
Carrigrohane

3. Agent's details (if applicable)

If an agent is acting for you, please **also** provide their details below. If you are not using an agent, please write "Not applicable" below.

Agent's name

Click or tap here to enter text.

N/A

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Yes

(please provide details below)

☐

No

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30 minutes

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Yes

(please provide details below)

☐

No

☒

If yes to question 6(d), please indicate with what other observer or observers you are joining together with

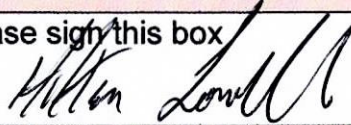
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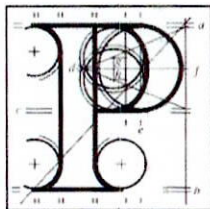
A handwritten signature in black ink, appearing to read 'Hilton Lowth', is written over the signature line.

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Your details

2. Your full details:

(a) Name

Click or tap here to enter text.

Catherine Leahy,

(b) Address

Click or tap here to enter text.

Gurrane
Ballytea, Charleville, Co Cork.

3. Agent's details (if applicable)

If an agent is acting for you, please **also** provide their details below. If you are not using an agent, please write "Not applicable" below.

Agent's name

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Not applicable.

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Yes

☐

No

☒

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Yes

☒

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☐

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Yes

(please provide details below)

☐

No

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Yes

(please provide details below)

☐

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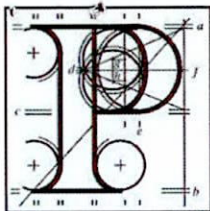
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ABP-310286-21

AN BORD PLEANÁLA

LDG- _____

ABP- _____

09 SEP 2022

Fee: € _____ Type: _____

Time: _____ By: *reg post*

Your details

2. Your full details:

(a) Name

Maurice O'Riordan

(b) Address

*Castle Harrison
Ballyhea
Co Cork.*

3. Agent's details (if applicable)

If an agent is acting for you, please **also** provide their details below. If you are not using an agent, please write "Not applicable" below.

Agent's name

Not Applicable.

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☒

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☐

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Yes

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☐

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15 minute

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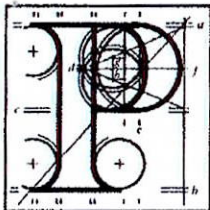
Maurice O'Riordan 07/09/22

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ABP-310286-21

AN BORD PLEANÁLA

LDG- _____

ABP- _____

09 SEP 2022

Fee: € _____

Type: _____

Time: _____

By: *post*

Your details

2. Your full details:

(a) Name

Michael and Deirdre Kennedy

(b) Address

Cregane, Buttevant, Co Cork

3. Agent's details (if applicable)

If an agent is acting for you, please **also** provide their details below. If you are not using an agent, please write "Not applicable" below.

Agent's name

Dr Matt Nagle Solicitor
Brookview House

Wine End, Mallo, Co Cork

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Yes

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20 minutes

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(please provide details below)

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A rectangular box containing a handwritten signature in black ink. The signature is stylized and appears to be a cursive name.

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