

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	ar ar ar			
1.	An Bord Plean	iála's case referer	AN BORD F	PLEANÁLA ample: ABP-300000-19)	
	ABP-310286-2	1	ABP		
			0 9 SE	P 2022	
			Fee: € T	ype:	
			Fee: € T	Ey: post	
Your	details				
2.	Your full detai	ls:			
	(a) Name	Click or tap here to	enter text.		
	And the same being	David H	ieke-		
	A THE ROUTING				
	(b) Address	Click or tap here to	enter text		
	(b) Address	Shinana	ah, Ballyh	ea,	
		Charlein	gh, Ballyh Le, Co. Co	ax.	
3.	3. Agent's details (if applicable)				
	If an agent is a	cting for you, pleas	e also provide thei	r details below. If you	
	are not using a	n agent, please wri	te "Not applicable"	below.	
	Agent's name	Click or tap here to	enter text.		
		not App	heable.		

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 AJAMABUS OFFICE MA
	No, I do not wish to take part in the oral hearing
Acce	essibility 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)
	(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
ı	Access officer for further help. Click or tap here to enter text.
	Ollow of tap field to effect text.
	2001 Start Day Fr

Part 2: Information about your submission to the oral hearing 6. Please provide details about your submission to the oral hearing Do you intend to ask questions? (a) Yes No (b) Are you intending to have a specialist or other person make a submission on your behalf? Yes No (please provide details below) 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. 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 mms. If you are an observer, are you joining with another observer or observers (d) to present your submission together as a group? D Yes No (please provide details below) 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.

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

Data Protection

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Case details

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

1.	An Bord Pleanala's case re	eference number (for example: ABP-300000-1	9)
	ABP-310286-21		

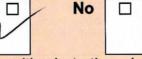
Your	details		
2.	Your full detai	ls:	
	(a) Name	Eileen Mackettery	
	(b) Address	4 Beechwood DRIVE Ballylee. Checkerille 60. Cock	
3.	Agent's detail	s (if applicable)	
	If an agent is a	cting for you, please also provide their details below. If you	
	are not using an agent, please write "Not applicable" below.		
	Agent's name	Not applicable	

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	Yes, I wish to take part in the oral hearing
	No, I do not wish to take part in the oral hearing
Acc	essibility requirements
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5.	Do you or a member of your group have any accessibility requirements that
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	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.

Part 2: Information about your submission to the oral hearing Please provide details about your submission to the oral hearing 6. Do you intend to ask questions? (a) Yes (b) Are you intending to have a specialist or other person make a submission on your behalf? Yes (please provide details below) 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. 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. 15 minutes (d) If you are an observer, are you joining with another observer or observers

(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)



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

GROLP

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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.

Eileen Macketty

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	ABP-310286-2		ABP-	
			0 9 SEP 2022 Fee: € Type:	
Your	details		Time: By:	
2.	Your full detai	ls:		
	(a) Name Click or tap here to enter text. Caroline Mackessy			
	(b) Address	Click or tap here to 10, Beech Ballyhe	enter text. -wood DR, ea, Charleville, Conk.	
3.	Agent's detail	s (if applicable)		
	If an agent is a	cting for you, please	also provide their details below. If you	
	are not using a	n agent, please writ	e "Not applicable" below.	
Agent's name Click or tap here to enter text. Not. Applicable			-0	

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.				
	number is no name of made and the second of				
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	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				
	AJANASJA OROBINA				
	No, I do not wish to take part in the oral hearing				
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	or Assistance Dogs.				
	Yes □ No ☑ (please provide details below)				
	(piease 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

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 No 🗹
	(please provide details below)
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	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.
(0)	How long do you think your submission and questions will take?
(c)	How long do you think your submission and questions will take? (in minutes)
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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.

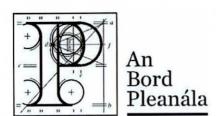
Please sign this box

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Data Protection

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Planning Department

-7 SEP 2022

Registration form for County Council 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	AN BORD PLEANÁLA reference number (for example: ABP-300000-19)		
	ABP-310286-21	ABP-		
		0 9 SEP 2022		
		Fee: € Type:		
		Time: By:past		
Your	details	and and an allow transfer and a supply		
2.	Your full details:			
	(a) Name THOMA	THOMA 8 WATT		
	(b) Address Colk (County Cokk,	COUNTY COUNCIL HALL, CARRIGROHAUE KODD		
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?					
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					
	and the second s					
	No, I do not wish to take part in the oral hearing					
Acc	essibility requirements					
400	essibility 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.					

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 No			
(b)	Are you intending to have a specialist or other person make a submission			
	on your behalf?			
	Yes			
	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)			
	(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.			
(d)	If you are an observer, are you joining with another observer or observers			
	to present your submission together as a group?			
	to procent your outsined in together to a group.			
	Yes No 🖾			
	Yes No No			
	Yes (please provide details below) If yes to question 6(d), please indicate with what other observer or observers			
	Yes (please provide details below) If yes to question 6(d), please indicate with what other observer or observers you are joining together with			
	Yes (please provide details below) If yes to question 6(d), please indicate with what other observer or observers			

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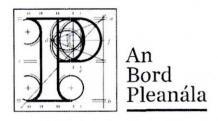
I have read and understood the rules for participating in the An Bord Pleanála oral hearing that I or my group will be attending. I agree to accept and follow the rules on my behalf and for those that are attending with me.

Showar WALL, SENIOR PLANNER.

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Case	a	ota	ile
Case	•	CLO	11.3

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

ABP-310286-21

Your details

- Your full details: 2.
 - (a) Name

Click or tap here to enter text.

Maria O'Hanlon MInerney

(b) Address Click or tap here to enter text. Long hea.

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? 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 (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 D No D
(b)	Are you intending to have a specialist or other person make a submission on your behalf?
	Yes (please provide details below)
	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)	Click or tap here to enter text. How long do you think your submission and questions will take? (in minutes)
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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) 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. Board of Wanagement. Ballyhea. N. school.

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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.

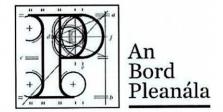
Please sign this box

Maria O Hanlen Morney

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Case details

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

ABP-310286-21

Your details

- Your full details: 2.
 - Name (a)

BERNADETTE LEARY

(b) Address GURRANE, BALLYHER CHHRLEVIIE, CO. CORK PS6 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 hea	aring	?			
4.	If you wish to take part in the oral h	nearing	g, please tick	the "Ye	s, 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 nort in th	o orol	baaring ulaa	4:-1-4	(b (K) - 1 -1	
	If you do not wish to take part in the					
	not wish to take part in the oral l					
	back to us either by email or by po we have sent you.	st usin	g the details	provide	d in the letter	
	Yes, I wish to take part in the ora	al hear	ring			
	No, I do not wish to take part in t	the ora	al hearing			
Acce	essibility requirements					
5.	Do you or a member of your group I	nave a	ny accessibil	ity requ	irements that	
	we may need to facilitate you at the	hearin	g? Examples	include	e Irish Sign	
	Language Interpretation, Accessible	Car F	ark Space, o	r faciliti	es for Guide	
	or Assistance Dogs.					
	Yes		No			
	(please provide details below)			/		
	If yes, please write what assistance	you re	quire at the c	ral hea	ring. If you do	
	not wish to put the details on this for	m, ple	ase contact t	he case	officer or	

Access officer for further help.

Part 2: Information about your submission to the oral hearing

Please provide details about your submission to the oral hearing
Do you intend to ask questions?
Yes No
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Yes □ No □ ✓ (please provide details below)
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10 MINUTES.
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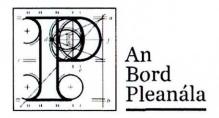
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Bernacutte Leahy 7th Septender 2022.

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Va	-	 v			

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.

GERALDINE EC.An

(b) Address

Click or tap here to enter text. CASTLEWRIXON

BALLYHEA

CHARLEVILLE CO. CORK

3. Agent's details (if applicable)

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Agent's name | Click or tap here to enter text.

NIA

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	Click or tap here to enter text.
	Jo printing.
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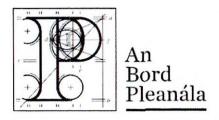
Please sign this box

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Geraldine Egan

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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 Plear	nála's case reference number (for example: ABP-300000-19)
	ABP-310286-2	!1
Your	details	
2.	Your full deta	ils:
	(a) Name	Click or tap here to enter text.
		Dave Ryan
	(b) Address	Click or tap here to enter text. Ishmana. Ballykea, Isharleville lin. Isot
3.	Agent's detail	ls (if applicable)
	If an agent is a	acting for you, please also provide their details below. If you
	are not using a	an agent, please write "Not applicable" below.
	Agent's name	Click or tap here to enter text.
		N/A

\re	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.
	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
Acc	essibility 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 D No D
(b)	Are you intending to have a specialist or other person make a submission on your behalf?
	Yes (please provide details below)
	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)	Click or tap here to enter text. 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.
(d)	If you are an observer, are you joining with another observer or observers to present your submission together as a group? Yes 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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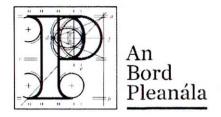
Please sign this box

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Case details

Registration form for participation in an oral hearing

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

1.	An Bord Pleanála's case reference number (for example: ABP-300000-19)
	ABP-310286-21

2.	You <mark>r full deta</mark>	ils:
	(a) Name	Click or tap here to enter text. Millon Lowell
	(b) Address	Click or tap here to enter text.
3.	Agent's detail	Is (if applicable)
•		
		acting for you, please also provide their details below. If you an agent, please write "Not applicable" below.

	·
Are y	ou 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
Acce	essibility 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)
	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.
(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) 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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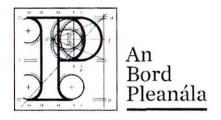
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Please sign/this box

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Case details

Registration form for participation in an oral hearing

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

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.		
	Catherine Leahy,		
	(b) Address Click or tap here to enter text.		
	Burrane, Charlaville, 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? 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 Please provide details about your submission to the oral hearing Do you intend to ask questions? (a) Yes (b) Are you intending to have a specialist or other person make a submission on your behalf? Yes No (please provide details below) 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. not applicable. If you are an observer, are you joining with another observer or observers to present your submission together as a group? Yes No (please provide details below) If yes to question 6(d), please indicate with what other observer or observers

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Click or tap here to enter text.

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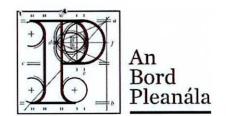
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Registration form for participation in an oral hearing

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	AN BORD PLEANÁLA		
		ABP		
Your	details	0 9 SEP 2022 Fee: € Type:		
2.		Time: By: 2 eg 1051		
		ice ORnordon		
	(b) Address Coscle Bal	eherrison lyhea bark.		
3.	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	et 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
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	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
	AVEDED PLEANÁLA
	No, I do not wish to take part in the oral hearing
Acc	essibility requirements
5.	Do you or a member of your group have any accessibility requirements that
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	or Assistance Dogs.
	Yes No
	(please provide details below)
	If yes, please write what assistance you require at the oral hearing. If you do
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	Access officer for further help.
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Part 2:'Information about your submission to the oral hearing

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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?		
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	15 minute.		
(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)		
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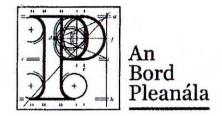
Maurice ORiordon 07/09/22

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	AN BORD PLEANÁLA
	ABP:
	0 9 SEP 2022
etails	Fee: € Type:
our full details:	Time: By:
	and Seirdre Ken.
	o le) please also provide their details belo ^e se write "Not applicable" below.

	ort in the oral hearing, please tick hearing" box below. Then please Part 2.	
not wish to take par	take part in the oral hearing, pleat in the oral hearing box. There mail or by post using the details	n please send this for
Yes, I wish to take p	art in the oral hearing	
No, I do not wish to	take part in the oral hearing	
essibility requireme		
	f your group have any accessibi	
	nte you at the hearing? Example n, Accessible Car Park Space, o	
or Assistance Dogs.	Yes 🔲 No	Tacilities for Guide
(please provide detail	is below)	
	at assistance you require at the oalls on this form, please contact the	
Access officer for further		

Please provide details about your submission to the oral hearing (a) Do you intend to ask questions? No (b) Are you intending to have a specialist or other person make a submission on your behalf? Yes No (please provide details below) 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) (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. Winner (d) If you are an observer, are you joining with another observer or observers to present your submission together as a group? Yes No (please provide details below) If yes to question 6(d), please indicate with what other observer or observers you are joining together with

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