

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

Your details

2. Your full details:

(a) Name Michael Donegan

(b) Address 22 Sycamore Drive,
Kilmallock,
Co. Limerick

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

Shaun McGee

From: Donegan, Michael <michael.donegan@limerick.ie>
Sent: Monday 12 September 2022 14:03
To: SIDS
Subject: ABP-310286-21
Attachments: ABP-310286-21 Mike Donegan.docx

Follow Up Flag: Follow up
Flag Status: Completed

Good afternoon,

Please find attached the Registration Form to participate at the Oral Hearing to be held in Newcastlewest on September 27th.

Feel free to contact me if you require further information.

Regards,
Mike Donegan

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.

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

☒

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.

Rules for participating at oral hearings

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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.

Mike Donegan

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.

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Shaun McGee

From: Richard ODonoghue <Richard.ODonoghue@oireachtas.ie>
Sent: Monday 12 September 2022 14:03
To: SIDS
Cc: [REDACTED]; Catherine Bresnihan
Subject: Railway works
Attachments: Registration for Oral Hearing.pdf

Follow Up Flag: Follow up
Flag Status: Completed

A chara,
Please see attached Registration for the upcoming oral hearing ref. ABP-310286-21.

Is Mise le Meas,
Richard O'Donoghue TD

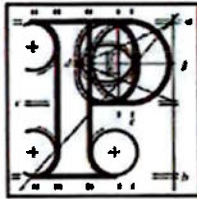
Constituency office: Charleville Road, Kilmallock, Co.Limerick V35 HK18
Office Mob. No: 087 -719 4149
Office landline: 063- 31133

"What can I do for you?"



By providing Deputy Richard O'Donoghue's office with your data you are consenting to your information being used for the purposes of resolving your query. Your data is stored safely and password protected. It can only be accessed by the Deputy and his staff. If you have any queries please contact Deputy Richard O'Donoghue's office.

Beartas ríomhphoist an Oireachtais agus séanadh. oireachtas.ie/ga/email-policy/
Oireachtas email policy and disclaimer. oireachtas.ie/en/email-policy/



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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**

RICHARD O' DONOGHUE

(b) **Address**

**KILATAL,
GALLINGARRY,
Co. LIMERICK**

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

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.

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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)

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

☐

(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)

(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?

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

Rules for participating at oral hearings

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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.

Michael J. Donoghue

Data Protection

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Shaun McGee

From: Donal Kelly [REDACTED]
Sent: Monday 12 September 2022 13:17
To: SIDS
Subject: Registration-form-for-participation-in-an-oral-hearing ABP-310286-21
Attachments: Registration-form-for-participation-in-an-oral-hearing ABP-310286-21.docx

Follow Up Flag: Follow up
Flag Status: Completed

Hello,

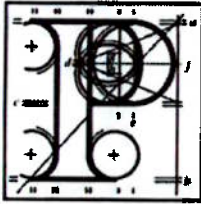
Please see form filled out on behalf of Effin Gaa

Regards,

Donal Kelly
[REDACTED]

--

Donal Kelly



**An
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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** **Donal Kelly**

(b) **Address** **Effin GAA, Ballyshonakin, Co. Limerick**

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?

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.

(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

Joe Clifford

Rules for participating at oral hearings

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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.

Donal Kelly

Data Protection

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Shaun McGee

From: Billy Hoey <Billy.Hoey@irishrail.ie>
Sent: Monday 12 September 2022 12:04
To: SIDS
Cc: Shaun McGee; McDonnell, Rory; Moat, Phil; David Vaughan; Rita Monaghan; David Dineen
Subject: Registration Form_ABP-310286-21_Applicant
Attachments: Registration-form-for-participation-in-an-oral-hearing_310286-21.docx; Attachment 1_Section 2 6(b)_R1.docx

Follow Up Flag: Follow up
Flag Status: Completed

To whom it may concern,

Please find attached Registration Form for participation in an oral hearing in connection with ABP case number 310286-21.

Kind regards,

Billy Hoey

Project Manager, Design & Construction, New Works,

Iarnród Éireann Infrastructure, Engineering & New Works Building, CIÉ Works, Inchicore, Dublin, D08 K6Y3.

☎: +353 87 7450752 ✉: Billy.Hoey@irishrail.ie 🌐: www.irishrail.ie

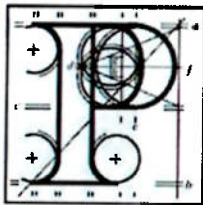


*Iarnród Éireann Irish Rail, cuideachta ghníomhaíochta ainmnithe, faoi theorainn scaireanna, cláraithe in Éirinn ag Stáisiún Uí Chonghaile, Baile Átha Cliath 1, Uir. 119571 Uir. CBL: IE 4812851 O,
Iarnród Éireann Irish Rail, a designated activity company, limited by shares, registered in Ireland at Connolly Station, Dublin 1, No. 119571 VAT No. IE 4812851 O*

*In Iarnród Éireann, creideann muid in obair sholúbtha a éascú, agus mar sin, cé go n-oireann sé dom ríomhphost a sheoiadh anois, níl mé ag súil le freagra ná gníomh lasmuigh de d'uaireanta oibre.
At Iarnród Éireann we believe in facilitating flexible working, so while it suits me to email now, I do not expect a response or action outside of your own working hours.*

Part 2 Section 6(b)

Discipline/Topic	Project Team
Introduction	David Vaughan (Irish Rail)
Project Need and Feasibility	
Project Description/Overview	Gerry Healy (Jacobs)
Legal	Conleth Bradley, SC Michael O'Donnell BL Evan O'Donnell BL Rita Monaghan, Solicitor (CIÉ) Michael Gavin, Solicitor (CIÉ)
Highways/Engineering	To be confirmed (Jacobs)
Town Planning/EIA Co-ordination	Rory McDonnell (Jacobs)
EIA Technical Lead/General	Heidi Sewnath (Jacobs)
Population & Health	Heidi Sewnath (Jacobs)
Water	Heidi Sewnath (Jacobs)
Biodiversity	Susie Coyle (Jacobs)
Soils, Geology & Hydrogeology	Vanina Saint Martin (Jacobs)
Flood Risk	Nick Stokes (Jacobs)
Noise & Vibration	Chris Conroy (Jacobs)
Traffic & Transport	Colin Wylie (Jacobs)
Cultural Heritage	Bryn Coldrick (AMS)
Landscape & Visual	Richard Barker (Macroworks)



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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 Córás Iompar Éireann (CIÉ)

(b) Address Heuston Station,
St John's Road West,
Dublin 8,
D08 E2CV,
Ireland

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 Jacobs Engineering

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.

Please see detail in Attachment 1

(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.

20 minutes each

(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

N/a

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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.



For and on behalf of ClÉ/Irish Rail

Data Protection

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Shaun McGee

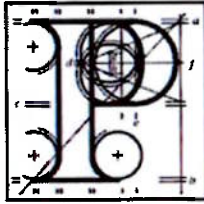
From: Joseph Clifford [REDACTED]
Sent: Saturday 10 September 2022 11:28
To: SIDS
Subject: Case Number: ABP-310286-21 application to attend oral hearing
Attachments: J Clifford Registration form for participation in oral hearing case
ABP-310286-21.docx

Follow Up Flag: Follow up
Flag Status: Completed

Hello,

Please see attached my completed registration form for participation in an oral hearing regarding case number ABP-310286-21.

Kind regards,
Joe Clifford
Thomastown, Kilmallock, Co. Limerick



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 Joe Clifford & Gerard O'Connor

(b) Address Thomastown, Kilmallock, Co. Limerick

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?

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)

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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.

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.

5 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

☐

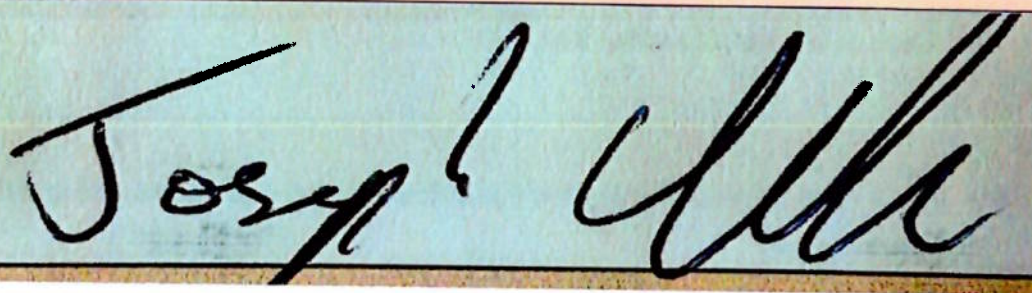
If yes to question 6(d), please indicate with what other observer or observers you are joining together with

Joe O'Connor, Gerard O'Connor & Donal Kelly

Rules for participating at oral hearings

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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.



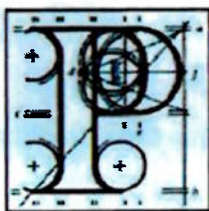
Handwritten signature: Joseph Ullrich

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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

Joe O' Connor

(b) Address

Lower Effin
Kilmallock Co. Limerick

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?

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.

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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)

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

☐

(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)

(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?

Yes

(please provide details below)

☐

No

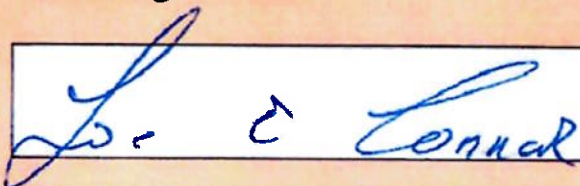
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If yes to question 6(d), please indicate with what other observer or observers you are joining together with

Rules for participating at oral hearings

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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.



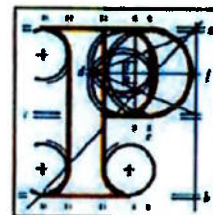
Data Protection

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Our Case Number: ABP-310286-21



**An
Bord
Pleanála**

**Nuala and Joe O'Connor
Lower Effin
Kilmallock
Co. Limerick**

Date: 05 September 2022

**Re: Railway works and all works necessary to eliminate and, where necessary, upgrade seven numbered level crossings and carry out all associated and ancillary works along a 24-kilometre section of the Dublin to Cork Railway Line.
Fantstown, Thomastown, Ballyhay, Newtown, Ballycoskery (Ballyhea Village), Shinanagh and Buttevant, Co. Cork and Co. Limerick.**

Dear Sir / Madam,

In accordance with section 134 (1) of the Planning and Development Act, 2000, as amended, An Bord Pleanála has decided to hold an oral hearing in relation to the above-mentioned proposed development.

In this regard a Senior Planning Inspector has been instructed by the Board to conduct an oral hearing.

The arrangements for the opening of the oral hearing are as follows:

Start date:	Tuesday 27th September 2022.
Start time:	10 a.m.
Location:	Longcourt House Hotel, Newcastle West, Co. Limerick.
No. of Days hearing will sit:	To be determined.

Please also note that the Board is arranging for the services of an audio technician for the purposes of recording the evidence given at the hearing.

If you wish to participate at the oral hearing you must complete and return the attached form by Monday 12th September 2022. The applicant should also complete this form.

If you do not register your intention to participate, submissions to the oral hearing will only be heard at the Inspector's discretion and if time allows.

**Tel
Glaó Áitúil
Facs
Láithreán Gréasáin
Ríomhphost**

**Tel
LoCall
Fax
Website
Email**
**(01) 858 8100
1890 275 175
(01) 872 2684
www.pleanala.ie
bord@pleanala.ie**

**64 Sráid Maoilbhríde
Baile Átha Cliath 1
D01 V902**

**64 Marlborough Street
Dublin 1
D01 V902**

To complete the form you can:

- Download the form from our website at <https://www.pleanala.ie/en-ie/latest-news/abp-310286-21-oral-hearing-registration>
- You can then type in the information and email back to us at sids@pleanala.ie or
- Complete the form attached to this letter. You can complete the form by hand and post back to us - Doina Chiforescu, An Bord Pleanála, 64 Marlborough Street, Dublin 1, D01 V902.

Preparing your submission:

Any documents or written submissions that we have already received should not be repeated at the oral hearing. The Inspector will have already read this information and normally they do not need to receive this information again. Any legal submissions must be part of the substantive submissions to the hearing. If you repeat information at the oral hearing that is not necessary, the Inspector may stop you and ask you to move on to another topic.

You should consider in advance what questions you might wish to pose to the applicant and prepare a list of potential questions which you can ask if you feel that they have not been already answered.

Submissions presented to this oral hearing will be recorded by a service provider organised by An Bord Pleanála. You are not permitted to record the proceedings of the oral hearing.

Copies of documents for viewing:

Copies of the submissions that An Bord Pleanála has received as well as all other documents and correspondence about the case can be viewed before and during the oral hearing at:

- Cork County Council's offices
- Limerick City and County Council's offices, and
- An Bord Pleanála, 64 Marlborough Street, Dublin 1, D01 V902.

A copy of all correspondence can also be viewed during the oral hearing at the oral hearing venue.

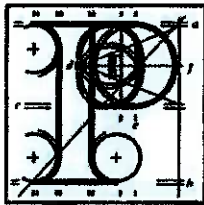
Further information:

Tell
Glao Áitiúil
Facs
Láithreán Gríasáin
Ríomhphost

Tel
LoCall
Fax
Website
Email
(01) 858 8100
1890 275 175
(01) 872 2684
www.pleanala.ie
bord@pleanala.ie

64 Sráid Maoilbhríde
Baile Átha Cliath 1
D01 V902

64 Marlborough Street
Dublin 1
D01 V902



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

AN BORD PLEANÁLA

ABP.

12 SEP 2022

Fee: €

Type:

Time:

By:

post

Your details

2. Your full details:

(a) Name

Michael O' Kelly

(b) Address

5 BEECHWOOD drive
BALLYNEA
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

—

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.

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)

(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.

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

☒

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

Rules for participating at oral hearings

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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.

Michelle O Kelly

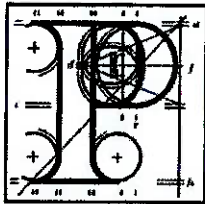
9 Sept 2022

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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

Denise O'Kelly

(b) Address

5 Beechwood Drive
Ballyhea
Charlestown 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

—

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.

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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)

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

☒

(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)

(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?

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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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.

Deane O'Reilly

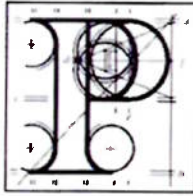
9 Sept 2022

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An
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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.

Denis Ring

(b) Address

Click or tap here to enter text.

2 Beechwood Drive
Ballyheg
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.

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.

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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)

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)

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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)

☐

No

☒

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

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Please sign this box

Conor Ryan

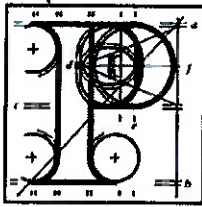
9/9/2022

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An
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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

NOEL HANLEY

(b) Address

CALLON HOUSE, BALLYHGA, 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

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.

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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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N/A

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.

N/A Specialist Engineering Report prepared

(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.

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

N/A

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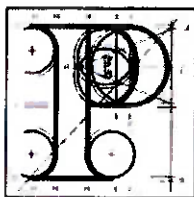
Noel Stanley

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An
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ABP-310286-21

LDG- _____

ABP- _____

12 SEP 2022

Fee: € _____

Type: _____

Time: _____

By: post

Your details

2. Your full details:

(a) Name

Click or tap here to enter text.

GERALDINE McNAMARA

(b) Address

Click or tap here to enter text.

BALLYROE 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.

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.

Click or tap here to enter text.

(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

☒

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

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Please sign this box

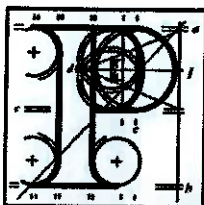
Geraldine McNamee

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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

DENIS McNAMARA

(b) Address

BALLYROE 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

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)

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

☐

(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)

(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.

20 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

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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.

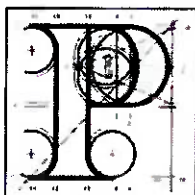
Dennis W. Hammar

Data Protection

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

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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

LDG- _____

ABP- _____

12 SEP 2022

Fee: € _____

Type: _____

Time: _____

By: *post*

Your details

2. Your full details:

(a) Name

Click or tap here to enter text.

Michael Copps

(b) Address

Click or tap here to enter text.

*14 BEECHWOOD DRIVE BALLYHEA
CHARLEVILLE*

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.

(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.

Rules for participating at oral hearings

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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

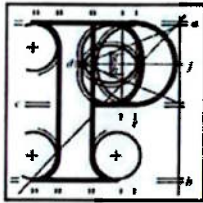


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An
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Registration form for participation in an oral hearing

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

Maria D'Donoghue

(b) Address

13 Beechwood Drive
Ballyhea charleville

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

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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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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(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?

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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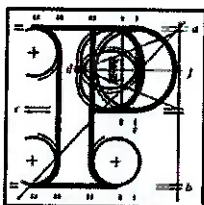
H O'Donoghue

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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

Jerome O'Keefe

(b) Address

Castlewinnon,
Ballyhen,
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

N/A

AN BORD PLEANÁLA

LDG- _____

ABP- _____

12 SEP 2022

Fee: € _____ Type: _____

Time: _____ By: post

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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)

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

☐

(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)

(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?

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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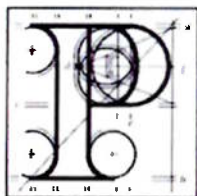
Jerome O'Haffer

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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.

MARGARET HANLEY

(b) Address

Click or tap here to enter text.

6 BEECHWOOD DRIVE
BALLYHEA, CHARLEVILLE
COUNTY

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.

Are you taking part in the oral hearing?

YFS

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.

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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.

Click or tap here to enter text.

(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.

N/A

(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

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Please sign this box

Margaret Hanley

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Shaun McGee

From: Brian McCutcheon <bmcutcheon@mhplanning.ie>
Sent: Wednesday 7 September 2022 17:26
To: SIDS
Subject: ABP-310286-21
Attachments: Registration Form.pdf

Follow Up Flag: Follow up
Flag Status: Completed

In response to the notice under Section 131 (1) please find attached a completed registration form on behalf of the Trustees of the Diocese of Cloyne

Brian McCutcheon
Director

McCutcheon Halley

CHARTERED
CONSULTANTS

PLANNING **Cork**
8 Joyce House, Barrack Square
Ballincollig, Co. Cork
Tel. +353 (0)21 420 8710

Dublin
Kreston House, Arran Court,
Arran Quay, Dublin 7
Tel. +353 (0)1 804 4477

Mob. +353 (0)87 997 1164

www.mhplanning.ie

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Director

McCutcheon Halley

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Tel. +353 (0)21 420 8710

Dublin

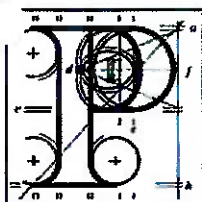
Kreston House, Arran Court,
Arran Quay, Dublin 7

Tel. +353 (0)1 804 4477

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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 The Trustees of the Diocese of Cloyne

(b) Address c/o McCutcheon Halley Planning Consultants;
6 Joyce House; Barrack Square
Ballincollig
Co. Cork P31 YX97

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 McCutcheon Halley Planning Consultants

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.

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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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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.

McCutcheon Halley Planning Consultants

(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.

30 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

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Please sign this box

Brian M. Curran

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