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y -	e le	<u>FOR OFFICE USE ONLY</u>										
Ref:		Meeting Date:		Mtg. Ti				me:				
NAME O	F APPLICANT:				TITL	E:- I	Mr.	M	rs. 🗌	Ms. 🗌	Miss.	
ADDRES	S:											
CONTAC	T NO.:- Home/W	ork:		Mobile:								
NAME &	ADDRESS OF AGEN	NT/ARCHITECT IF A	NY:									
CONTACT NO. OF AGENT/ARCHITECT.:-				Work:					Mobile:			
	IS OF PROPOSED SI 000 urban areas	TE:- (please attach)	a ma	p showin	g site o	utlin	ied in	red;	1:250	0 in ruro	al areas	
		ONS LODGED ON TH							/ No (p	lease circle)		
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	3.											
IF APPLI	ICATION WAS PREV	VIOUSLY REFUSED,	WAS II	APPEALE	D TO AN	N BOI	RD PL	EANA	LA:-			
Yes / No	(please circle)	Appeal Reference	No.:]		
SIGNED:	:				DAT	E:				_		
Note:- P		advisory only it is at the di							-	-	-	

appropriate map showing the site clearly outlined in red.

Please note that the advice given by an officer of the Council during the course of these consultations shall not prejudice the performance by the Planning Authority of any other of its functions under the Planning & Development Acts, 2000 to 2013, or any regulations made under these Acts and cannot be relied upon in the formal planning process or in legal proceedings.