# Inspector's Report

# PL-501658-DF-26

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| **Development** | Demolition to parts. Construction of extensions, conversion of attic and change of use of ground floor to GP Surgery |
| **Location** | 16 Orchard Grove, Blanchardstown, Dublin 15. D15 X4XV |
| **Planning Authority** | Fingal County Council |
| **Planning Authority Reg. Ref.** | FW26A/0186E |
| **Applicant(s)** | Dr Najia and Dr Zekria Bakhshi. |
| **Type of Application** | Permission. |
| **Planning Authority Decision** | Refuse Permission |
| **Type of Appeal** | First Party |
| **Appellant(s)** | Dr Najia and Dr Zekria Bakhshi. |
| **Observer(s)** | Terry Mullins<br>James Kennaugh<br>Stephen & Susan Glynn<br>Susan and David Sommerfield<br>David & Patricia Smith |

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| | Dermot and Ann O'Brien |
| | Ethel Scallan |
| | Joseph and Ruth Ridgeway |
| **Date of Site Inspection** | 1st September 2026. |
| **Inspector** | R Taylor |

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## 1.0 Site Location and Description

1.1. The appeal site is located at 16 Orchard Grove, Dublin 15. This comprises a 2-storey semi-detached dwelling finished in render with a pitched roof with concrete roof tiles. There is a hard surfaced area to the front with vegetation adjacent to the side and front boundaries, with the remaining side boundary comprising a block wall approximately 2m in height. There is a single storey extension to the front and gable. To the rear the garden area is entirely hard surfaced and includes a freestanding timber shed adjacent to the rear elevation with further detached building/garden room along and adjacent to the entirety of the rear boundary. The site is orientated broadly southwest (front) to northeast (rear). The site and neighbouring properties have broadly level topography.

1.2. The area is typical suburban medium density housing and largely comprises semi-detached dwellings of similar design, layout, and plot characteristics to the appeal site. Front gardens comprise a mix of soft landscaping and driveway/parking areas. A number of dwellings include gable and front projection extensions.

## 2.0 Proposed Development

2.1. The proposal includes the following elements:

a. Demolition of part of the existing kitchen at ground floor level, the chimney stack, the upper section of gable wall at the side of the main roof and also the formation of openings in the gable wall;

b. Single storey extension along the existing front elevation to align with the front elevation of an existing garage (0.9m depth/projection, c.5.19m in length, 2.35m height);

c. First floor gable extension finished in render aligning with existing ridge and eaves height;

d. Alteration to exiting ground floor gable garage including 2 gable windows (1 high level);

e. Single storey rear extension with stated depth of 1.72m, width of 3.165m and height of 2.85m.

f. Ground floor front, gable, and rear extension finished in cladding;

g. Addition of 2no. rooflights on the rear pitch of the roof.

h. Change of use of the ground floor from residential to a GP Surgery and the continuation of residential use at first floor and attic storey level.

i. The surgery would comprise 3 consulting rooms and reception waiting room with access from the front elevation.

j. Residential would be retained at first floor comprising a 2-bedroom flat with access and hall at ground floor from the front elevation.

k. Stated gross floor areas: the extension 48m2, 109m2 for residential use, and 68m2 for the surgery. The total gross floorspace is 224m2.

## 3.0 Planning Authority Decision

### 3.1. Decision

The planning authority refused permission for the following reason:

Having regard to the proposed development, given the design and layout, it is considered that the proposal would result in the creation of 2 separate and independent uses on the site that being a GP surgery and a residential unit. The proposal would therefore fail to comply with Objective DMSO83 – Location of Medical Practices in Residential Areas of the Fingal Development Plan 2023-2029 as the proposed GP Surgery is not considered to be subordinate to the existing residential use of the dwelling. In addition, it is considered that the proposed development by design would result in a substandard form of residential development and which would provide inadequate private amenity space for the occupants of the proposed residential unit. It is therefore considered the proposed development would constitute overdevelopment and materially contravene Objective DMSO83 of the Fingal Development Plan 2023-2029 and therefore be contrary to the proper planning and sustainable development of the area.

### 3.2. Planning Authority Reports

#### 3.2.1. Planning Reports

There is a single planning report on file which concludes permission should be refused.

Observations were received and are summarised.

No pre-consultation took place. Previous refusal for similar proposal referenced.

A health centre is neither permitted in principle or permitted in the applicable RS zoning objective and therefore requires assessment against the objective and vision in the plan, including impact on amenity.

Proposed operating hours of the surgery have not been provided.

Change of Use:

The use is a significant generator of footfall and traffic and therefore there are serious concerns with the associated impact on amenity.

Proposal is within parameters specified in section 14.14.5. and qualifies as small scale.

Proposed surgery is not subordinate to the existing dwelling, appears as an independent unit at ground floor with dedicated front access. It would adversely impact amenity due to disruption, disturbance, noise nuisance and loss of privacy. No details on waste storage measures are provided which is a concern given location of the site in a residential area. It is contrary to objective DMSO83 and RS zoning.

Extensions / Attic Conversion

The extensions/alteration are acceptable, subordinate, and would not adversely affect amenity. The cladding finish is unclear, and any finish should complement the dwelling.

Previously proposed dormers have been removed and replaced with roof windows which is acceptable.

The alterations are compliant with 14.10.2.1, 14.10.2.4, and 14.10.2.5 of the plan.

The attic space of 2.2m fails to meet building regulations for human habitation and a condition relating to this is required if granted.

Residential use

Concerns regarding access to existing private amenity space to which there is no direct access, which is provided via the side/gable path. The rear garden building planning status is unconfirmed. The cumulative impact of the garden building and the proposal is overdevelopment.

Access, parking, sightlines and associated issues are acceptable subject to condition and confirmed by the Transportation section.

3.2.2. Other Technical Reports

Water Service and Transportation section have no objections subject to conditions.

3.3. **Prescribed Bodies**

None

3.4. **Third Party Observations**

17 observations were received in relation to the planning application. In summary, these issues include contravention of the zoning, impacts on amenity, design, precedent, traffic, parking and associated issues. The issues raised repeat those raised by observers to the appeal which are summarised in further detail below.

## 4.0 Planning History

4.1. FW25A/0533E: An extension of the ground and first floor and the extension and conversion of the existing attic, including the construction of a dormer window at the front and rear of the existing roof and the addition of a rooflight on the rear pitch of the roof. In addition, the change of use of the ground floor from residential to a GP Surgery and the continuation of residential use at first floor and attic storey level. All of the above proposed at the existing house. Refuse Permission 05 Feb 2026. Appeal declared Invalid 21 Apr 2026 (PL-500882-DF-26)

Reasons:

1. Having regard to the proposed development, given the design and layout, it is considered that the proposal would result in the creation of 2 separate and independent uses on the site that being a GP surgery and a residential unit. The proposal would therefore fail to comply with Objective DMSO83 – Location of Medical Practices in Residential Areas of the Fingal Development Plan 2023 – 2029 as the proposed GP Surgery is not considered to be subordinate to the existing residential use of the dwelling. In addition, it is considered that the proposed development would result in a substandard form of residential development which would provide inadequate private amenity space for the

occupants of the proposed residential unit. It is therefore considered the proposed development would constitute overdevelopment and materially contravene Objective DMSO83 of the Fingal Development Plan 2023 – 2029 and therefore be contrary to the proper planning and sustainable development of the area.

2. The subject site is zoned 'RS' Residential with the objective to 'provide for residential development and protect and improve residential amenity' within the Fingal Development Plan 2023 – 2029. The proposed dormer roof extensions are considered to be overbearing, dominant and incongruous upon the roof slopes of the main dwelling. To permit the development which is seeking permission would materially contravene Section 14.10.2.4 and Objective SPQHO45 of the Fingal Development Plan 2023 – 2029, would set an inappropriate precedent for other similar development and would therefore be contrary to the proper planning and sustainable development of the area.

## 5.0 Policy Context

### 5.1. Development Plan

- The Fingal Development Plan 2023 – 2029 was made on 22nd February 2023 and came into effect on 5th April 2023. It has regard to national and regional policies in respect of residential development and medical uses. The following policy considerations are relevant based on the nature of the proposal:
- Zoning Objectives - RS – Residential: Provide for residential development and protect and improve residential amenity. Residential is detailed as 'permitted in principle' in this zoning.
- Chapter 3: Sustainable Placemaking and Quality Homes.
- Objective SPQHO35 – Private Open Space: Require that all private open spaces for houses and apartments/duplexes including balconies, patios, roof gardens and rear gardens are designed in accordance with the qualitative and quantitative standards set out set out in Chapter 14 Development Management Standards.

- Policy SPQHP41 – Residential Extensions: Support the extension of existing dwellings with extensions of appropriate scale and subject to the protection of residential and visual amenities.
- Objective SPQHO45 – Domestic Extensions: Encourage sensitively designed extensions to existing dwellings which do not negatively impact on the environment or on adjoining properties or area.
- Policy CIOSP9 – Education and Health: Continue to work collaboratively with Educational and Health care providers to ensure the timely provision of educational facilities, health care and community resources throughout Fingal. The Plan will support the provision of education and healthcare facilities in line with national and regional policy objectives.
- 4.5.1.6 Healthcare: Fingal County Council will continue to support the provision of public and private healthcare facilities throughout the County on suitably zoned lands and will promote the location of same close to new and existing communities where services can be easily accessed.
- Objective CIOSO25 – Healthcare Facilities
- Support and facilitate the development of health centres, hospitals, clinics and primary care centres where new communities are proposed and in towns, villages and local centres, with good accessibility for all.
- 13. Land Use Zoning
- Objective ZO1 – Zoning Objectives and Vision: Secure the implementation of the zoning objective and vision applied to each area of the County.
- 13.3 Non-Conforming Uses
- Zoning Objective ‘RS’ Residential
- Objective: Provide for residential development and protect and improve residential amenity.
- Vision: Ensure that any new development in existing areas would have a minimal impact on and enhance existing residential amenity.
- “Permitted in Principle” includes “Community Facility”. GP Surgery not included

in “Not Permitted” list.

- Footnote of table: Note: Uses which are neither ‘Permitted in Principle’ nor ‘Not Permitted’ will be assessed in terms of their contribution towards the achievement of the Zoning Objective and Vision and their compliance and consistency with the policies and objectives of the Development Plan.
- 14. Development Management Standards
- 14.6.4 Residential Standards: The minimum size of habitable rooms for houses/apartments/and flats shall conform with appropriate National guidelines/ standards in operation at the date of application for planning permission.
- 14.7 Apartment Development/Standards: Applications for apartment developments will be assessed against the requirements of Sustainable Urban Housing: Design Standards for New Apartments Guidelines for Planning Authorities 2020 (or updated guidance as may be in place at the time of lodgement of the planning application).
- Objective DMSO24 – Apartment Development: All applications for apartment development are required to comply with the Specific Planning Policy Requirements (SPPRs), the standards set out under Appendix 1 and general contents of the Sustainable Urban Housing: Design Standards for New Apartments Guidelines for Planning Authorities 2020 (or updated guidance as may be in place at the time of lodgement of the planning application).
- 14.8 Housing Development/Standards
- 14.10.2 Residential Extensions
- The need for housing to be adaptable to changing family circumstances is recognised and acknowledged and the Council will support applications to amend existing dwelling units to reconfigure and extend as the needs of the household change, subject to specific safeguards. In particular, the design and layout of residential extensions must have regard to and protect the amenities of adjoining properties, particularly in relation to sunlight, daylight and privacy. The design of extensions must also have regard to the character and form of the existing building, its architectural expression, remaining usable rear private

open space, external finishes and pattern of fenestration. Additionally, careful consideration should be paid to boundary treatments, tree planting and landscaping. The following section provides guidance in relation to, front extensions, side extensions, rear extensions, first floor rear extensions, roof alterations including attic conversions and dormer extensions.

- 14.10.2.1 Front Extensions
- Porch extensions, other than those deemed to be exempted development, should be of appropriate design and scale relative to the design of the original house. The scale, height, and projection from the front building line of the dwelling should not be excessive so as to dominate the front elevation of the dwelling. The porch should complement the existing dwelling, and a contemporary design approach may be considered.
- Front extensions will be assessed in terms of their scale, design, and impact on visual and residential amenities. Significant breaks in the building line should be resisted unless the design can demonstrate to the Planning Authority that the proposal will not impact on the visual or residential amenities of directly adjoining dwellings. Sufficient depth to the forecourt is required to ensure off-street car parking is not impacted.
- Side extensions will be evaluated against proximity to boundaries, size and visual harmony with existing (especially front elevation) and impacts on residential amenity. First floor side extensions built over existing structures and matching existing dwelling design and height will generally be acceptable. In certain cases, a set-back of the extension's front facade and its roof profile and ridge may be sought to protect amenities, integrate into the streetscape and avoid a 'terracing' effect. External finishes shall generally match the existing.
- 14.10.2.3 Ground Floor Extensions (rear)
- Ground floor rear extensions will be considered in terms of their length, height, proximity to mutual boundaries and quantum of usable rear private open space remaining to serve the dwelling house. The proposed extension should match or complement the existing dwelling house.
- 14.10.2.4 First Floor Extensions

- First floor rear extensions will be considered on their merits, noting that they can have potential for negative impacts on the amenities of adjacent properties, and will only be permitted where the Planning Authority is satisfied that there will be no significant negative impacts on surrounding residential or visual amenities. In determining applications for first floor extensions the following factors will be considered:
    - Overshadowing, overbearing, and overlooking – along with proximity, height, and length along mutual boundaries.
    - Remaining rear private open space, its orientation and usability.
    - Degree of set-back from mutual side boundaries.
    - External finishes and design, which shall generally be in harmony with existing.
- 14.10.2.5 Roof Alterations including Attic Conversions and Dormer Extensions
- Roof alterations/expansions to main roof profiles, for example, changing the hip-end roof of a semi-detached house to a gable/ ‘A’ frame end or ‘half-hip’, will be assessed against a number of criteria including:
    - Consideration and regard to the character and size of the structure, its position on the streetscape and proximity to adjacent structures.
    - Existing roof variations on the streetscape.
    - Distance/contrast/visibility of proposed roof end.
    - Harmony with the rest of the structure, adjacent structures and prominence.
    - Dormer extensions to roofs will be evaluated against the impact of the structure on the form, and character of the existing dwelling house and the privacy of adjacent properties. The design, dimensions, and bulk of the dormer relative to the overall extent of roof as well as the size of the dwelling and rear garden will be the overriding considerations, together with the visual impact of the structure when viewed from adjoining streets and public areas.
- Dormer extensions shall be set back from the eaves, gables and/or party boundaries and shall be set down from the existing ridge level so as not to

dominate the roof space.

- The quality of materials/finishes to dormer extensions shall be given careful consideration and should match those of the existing roof.
- The level and type of glazing within a dormer extension should have regard to existing window treatments and fenestration of the dwelling. Regard should also be had to extent of fenestration proposed at attic level relative to adjoining residential units and to ensure the preservation of amenities.
- Excessive overlooking of adjacent properties should be avoided.
- 14.10.5 Home Based Economic Activity
- Development proposals for small scale home-based economic activity, defined as small scale economic activity carried out by residents of the dwelling house and being subordinate to the use of the house as dwelling unit will be considered where the applicant is the resident of the house and can demonstrate that the proposed activity would not adversely impact the existing residential amenity of the area. This includes impacts such as increased traffic, noise, fumes, vibration, smoke, dust or odour. The Planning Authority will assess the suitability of the residential site to accommodate the proposed home-based economic activity having regard to the:
  - nature and scale of the activity proposed including hours of operation.
  - requirement for the activity.
  - location and size of the site.
  - Impacts on the amenity of the residential unit and on neighbouring properties in terms of noise and disturbance.
  - the prevailing density of the area.
  - the availability of adequate safe car-parking and expected levels of traffic generation (including deliveries where relevant).
  - the general compatibility of the nature of the use with the site context.
  - waste generation.
- Home-based economic activity will generally be permitted on a short-term or

temporary basis to enable an ongoing assessment of any impact of the activity on residential amenity.

- Objective DMSO33 – Home Based Economic Activity
- Permit home-based economic activities where the proposed activity is subordinate to the main residential use of the dwelling and does not adversely impact the existing residential amenities of the area by way of noise or disturbance.
- 14.13.3.3 Private Open Space
- All residential units be they traditional type housing or apartments are to be provided with private open space. Open space standards will set out qualitative and quantitative standards so as to ensure that the maximum benefit is derived from the open space.
- 14.13.3.4 Apartment and Duplex Units
- Objective DMSO73 – Balconies, Roof Terraces or Winter Gardens
- Require private balconies, roof terraces or winter gardens for all apartments and duplexes comply with or exceed the minimum standards set out in Table 14.14.
- Table 14.14: Open Space requirement for Apartment and Duplex Units
  - Two bed Private amenity space 7 sq. m. Communal amenity space 7 sq. m.
- 14.14 Community Infrastructure
- Objective DMSO77 – Community Facilities
- Any application for community facilities such as leisure facilities, sports grounds, playing fields, play areas, community halls, organisational meeting facilities, medical facilities, childcare facilities, new school provision and other community orientated developments, shall have regard to the following:
  - Overall need in terms of necessity, deficiency, and opportunity to enhance or develop local or County facilities.
  - Practicalities of site in terms of site location relating to uses, impact on local amenities, desirability, and accessibility.

- Conformity with the requirements of appropriate legislative guidelines.
- Conformity with land use zoning objectives.

- 14.14.5 Health Centres/Services
- The Planning Authority will distinguish between small scale medical practices involving one to two principals (i.e. doctor/dentist/physiotherapist owning the business) with a maximum of one to two employees, and larger medical practices accommodating two or more medical practitioners and two or more support staff.
- The Planning Authority will consider on their own merits, any applications for the establishment of small-scale medical practices, or the extension/ refurbishment of existing small-scale medical practices, in residential areas. Applications should involve professional medical (commercial) activities carried out by the resident of the building or the premises should incorporate an otherwise occupied living unit. The operation of these premises shall not have negative impacts on the residential amenities of the surrounding area. Parking and access arrangements shall be as per Table 14.19 requirements, while parking areas shall not dominate the front curtilage of the property in contrast to adjoining dwellings and shall be similarly landscaped.
- Objective DMSO83 – Location of Medical Practices in Residential Areas
- Medical practices in residential areas shall be additions to the existing residential use of a dwelling and be subordinate to it. Similar to childcare facilities in residential areas – small-scale medical practices should ideally be in larger and detached houses on their own grounds and with suitable and convenient access for those arriving by car, foot or public transport.
- Objective DMSO84 – Location of Larger Medical Practices
- Larger scale and group medical practices shall be located in Rural Villages, Local Centre, Town and District Centre, Metro and Rail Economic Corridor and Major Town Centre zonings. They shall not have negative impacts in terms of generating overspill of car parking, traffic hazard, negative impact on adjoining residential uses, and shall complement the existing uses and buildings and

should have only modest signage.

Planning and Development Act 2000 (as amended): 37A.— (2):

(a) Subject to paragraph (b), the Board may in determining an appeal under this section decide to grant a permission even if the proposed development contravenes materially the development plan relating to the area of the planning authority to whose decision the appeal relates.

(b) Where a planning authority has decided to refuse permission on the grounds that a proposed development materially contravenes the development plan, the Board may only grant permission in accordance with paragraph (a) where it considers that—

(i) the proposed development is of strategic or national importance,

(ii) there are conflicting objectives in the development plan or the objectives are not clearly stated, insofar as the proposed development is concerned, or

(iii) permission for the proposed development should be granted having regard to regional spatial and economic strategy for the area, guidelines under section 28, policy directives under section 29, the statutory obligations of any local authority in the area, and any relevant policy of the Government, the Minister or any Minister of the Government, or

(iv) permission for the proposed development should be granted having regard to the pattern of development, and permissions granted, in the area since the making of the development plan.

(c) Where the Board grants a permission in accordance with paragraph (b), the Board shall, in addition to the requirements of section 34(10), indicate in its decision the main reasons and considerations for contravening materially the development plan.

### 5.2 Relevant National or Regional Policy / Ministerial Guidelines

Sustainable and Compact Settlements Guidelines for Planning Authorities, Department of Housing Local Government and Heritage. Published on: 15 January 2024:

5.0 Development Standards for Housing

SPPR 2 - Minimum Private Open Space Standards for Houses:

It is a specific planning policy requirement of these Guidelines that proposals for new houses meet the following minimum private open space standards:

1 bed house 20 sq.m; 2 bed house 30 sq.m; 3 bed house 40 sq.m; 4bed+ house 50 sq.m.
Sustainable Urban Housing: Design Standards for New Apartments, Guidelines for Planning Authorities Department of Housing Local Government and Heritage Published on: 8 July 2025.

1.2 Overview of the Guidelines: For clarity, these Guidelines apply to all housing or mixed-use developments that include apartments that may be made available for sale, whether for owner occupation or for individual lease, or for rental purposes. Unless stated otherwise, they apply to both private and public schemes.

The Guidelines also set out specific provisions relating to proposals involving existing buildings which are to be wholly or partly redeveloped or refurbished for residential use that includes apartments, such as for example, vacant upper floors above commercial premises.

Specific Planning Policy Requirement 2

The following minimum apartment floor areas shall apply and statutory plans shall not specify minimum floor areas that exceed the minimum floor areas set out below:

• 2 bedroom apartment (3 persons) 63 sq.m

• 2-bedroom apartment (4 persons) 73 sq.m

The floor area parameters set out above shall generally apply to apartment schemes and do not apply to purpose-built and managed student housing.

For the purposes of clarity, all apartment floor area measurements should be internal wall to-wall dimensions. These standards apply to units on one floor. Duplex accommodation shall provide the additional floor area required to provide for stairways and landings.

3.8 Private Amenity Space

Private amenity space shall be provided in the form of gardens or patios/terraces for ground floor apartments and balconies or terraces at upper levels. Where provided at ground level, private amenity space shall incorporate boundary treatment appropriate

to ensure privacy and security. Private amenity space should be located to optimise solar orientation and designed to minimise overshadowing and overlooking.

Balconies should adjoin and have a functional relationship with the main living areas of the apartment. In certain circumstances, glass-screened ‘winter gardens’ may be provided. The minimum required areas for private amenity space are set out in Appendix 1.

Appendix 1 - Minimum Floor Areas and Standards:

Minimum overall apartment floor areas:

Two bedrooms (3 person) 63 sq.m

Two bedrooms (4 person) 73 sq.m

Recommended minimum widths for the main living/dining rooms

Two bedrooms (3 person) 3.6m

Two bedrooms (4 person) 3.6 m

Note: Variation of up to 5% can be applied to widths in all apartment types, subject to overall compliance with required minimum overall apartment floor areas.

Recommended minimum bedroom widths

Double/Twin bedroom 2.8 m 11.4 sq.m

Note: Variation of up to 5% can be applied to widths and floor areas in all apartment types, subject to overall compliance with required minimum overall apartment floor areas.

Minimum storage space requirements

Two bedrooms (3 person) 5 sq.m

Two bedrooms (4 person) 6 sq.m

Minimum recommended floor areas for private amenity space, where provided

Two bedrooms (3 person) 6 sq.m

Two bedrooms (4 person) 7 sq.m

Minimum recommended floor areas for communal amenity space, where provided

Two bedrooms (3 person) 6 sq.m

Two bedrooms (4 person) 7 sq.m

5.3 **Natural Heritage Designations**

The site is not within or immediately adjacent to a designation. The closest Natural Heritage designations are as follows:

Special Area of Conservation:

| | | |
|---|---|---|
| Rye Water Valley/Carton | Sitecode 001398 | c.5km SW |

Special Protection Area:

South Dublin Bay and River Tolka Estuary Sitecode 004024, c. 11km SE

Proposed Natural Heritage Areas:

| | | |
|---|---|---|
| Royal Canal | Sitecode 002103 | c.0.84km S |
| Liffey Valley | Sitecode 000128 | c.2.6km SE |

## 6.0 EIA Screening

6.1. The proposed development is not a class for the purposes of EIA as per the classes of development set out in Schedule 5 of the Planning and Development Regulations 2001, as amended. No mandatory requirement for EIA therefore arises and there is also no requirement for a screening determination. Refer to Form 1 in Appendix 1 of report.

## 7.0 The Appeal

### 7.1. Grounds of Appeal

- The applicant is the appellant, and the grounds of appeal are submitted by Raymond McGinley Architects on their behalf. The submission includes 3 appendices relating to zoning information, photographs of other GP surgeries in the area within housing settings, and a statement from the appellants.

- The applicants are a GP and a Dentist and have identified a need for a GP surgery.
- Similar facilities have been approved in the area which sets a precedent. These are identified in Appendix 2.
- Objective DMSO083 is cited. The objective does not rule out a surgery in the type of house proposed. It suggests a surgery should be "ideally be in a larger house on their own grounds". Such houses are not common in the area. The subject house is at the end of the road and semi-detached. The site provides a more private setting than a semi-detached house in the middle of a row or in a terraced setting.
- The proposal is not excluded in the plan zoning. "Community Facilities" are permitted in principle. It is not included in classes listed as "Not Permitted". A pre-school was permitted at 8 Orchard Grove (F009/0811) and the house is semi-detached in the middle of the road.
- In relation to the proposal not being subordinate the proposed 2-bed unit is a two storey building, whereas the surgery is single storey with floorspace of 68m2 whilst the residential unit has a floorspace of 109m2.
- Adequate amenity space provision of 48m2 is provided. This exceeds minimum area of 25m2 as set out in the Planning and Development Regulations, 2001, Schedule 2, Part 1 "Exempted Development", Class 5.
- The proposal is almost identical to a clinic at 171A Roselawn Road, Blanchardstown, a semi-detached house at the end of a road.
- A previous application sought inclusion of dormer windows, and it is recognised these features were problematic and have been removed. The applicants have accepted to remove this space to meet the PA requirements.

### 7.2. Planning Authority Response

There is a single response from the Planning Authority in which their position as set out in the report and refusal reason is retained. If approved, conditions in relation to Developer Contributions and a Tree Bond are requested.

7.3. **Observations**

- 8 observations have been submitted to the appeal from residents of Orchard Grove and Orchard Green, raising the following issues in summary:
- Proposal would result in two independent uses. A surgery is not comparable to home-based activity. The nature of the use and visitor numbers cannot be considered subordinate. The proposed semi-detached property does not meet plan requirements that medical practices should be located in larger detached houses with suitable access.
- A GP surgery generates frequent short-duration visits with increased parking and associated movements. The proposal does not demonstrate that the site can accommodate traffic and parking demand without adversely impacting residents, character, and amenity of a residential environment. On-street parking is under pressure with demand regularly exceeding capacity, reducing convenience for residents and visitors, and impacting safety. Scheduling of appointments would not resolve associated issues.
- Gable windows would result in overlooking/impact on privacy.
- Below standards/required amenity space would be provided.
- Other examples of medical practices cited by the applicant as similar are not comparable to the circumstances of the proposal.
- The proposal would result in an undesirable precedent if permitted.
- It is argued that there is a lack of GP practices in the area. 7 existing practices are cited within a stated distance of 900m from the site and there is adequate provision. No justification has been provided.
- Proposal conflicts with plan objectives DMSO04, DMSO05, DMSO06, DMSO083 and concur with the Council conclusion that it is overdevelopment of the site.

7.4. **Further Responses**

- None.

## 8.0 **Assessment**

8.1. Having examined the application details and all other documentation on file, including the submission received in relation to the appeal, site inspection and having regard to the relevant policies, objectives and guidance, I am satisfied that the main issues to be considered are those raised in the First Party grounds of appeal, being the Planning Authority (PA) reason for refusal. The main issues in determining this appeal are as follows:

- Change of Use of Ground Floor to GP Surgery;
    - Principle of Development;
    - Detailed Considerations;
- Design and Layout of Proposed Residential Use;
- Impact on Amenity;
- Traffic, parking and related amenity issues;
- Land use zoning objectives;
- Material Contravention.

**Change of Use of Ground Floor to GP Surgery;**

**Principle of Development**

8.2. The appeal site is within RS – Residential zoning: Provide for residential development and protect and improve residential amenity. The associated vision seeks to "Ensure that any new development in existing areas would have a minimal impact on and enhance existing residential amenity".

8.3. In relation to the change of use element of the proposal, the Planning Authority (PA) have determined it would result in the creation of 2 separate uses and fail to comply with Objective DMSO83 in that it is not subordinate to the residential use. This is supported by the observers. The appellant, in summary, considers the location is acceptable, that semi-detached dwellings are not excluded as an appropriate location,

is not included in the list of “Not Permitted” uses, and is subordinate by virtue of the size of the surgery relative to the residential element.

8.4. As stated by the appellant, medical uses fall within a community use and is therefore acceptable in terms of the zoning subject to the requirements of DMSO83. DMSO083 states that “medical practices in residential areas…”. Accordingly, a medical use is acceptable in a residential area in principle. This is confirmed at 14.14.5, and the requirements of DMSO083 must be considered in conjunction with the explanatory paragraphs at 14.14.5.

8.5. The appellant argues that DMSO083 does not preclude semi-detached houses due the inclusion of “ideally be in larger and detached houses..”. I would concur that this is the case, however this wording indicates where surgery uses should normally be located. Semi-detached dwellings may be appropriate locations subject to other considerations and circumstances as confirmed at 14.14.5.

**Detailed Considerations**

8.6. DMSO083 goes on to stipulate that medical practices…”shall be additions to the existing residential use of a dwelling and be subordinate to it.” The second sentence of the second paragraph below 14.14.5 also states “Applications should involve professional medical (commercial) activities carried out by the resident of the building or the premises should incorporate an otherwise occupied living unit.” I therefore interpret the wording that a surgery must form part of the existing dwelling which should retain primacy of use at the site. The proposal seeks to provide the surgery use via a dedicated access with no internal link to the dwelling. In addition, the residential use is accessed via a dedicated entrance. I therefore would concur with the PA view that the proposal would result in two separate uses.

8.7. DMSO083 also requires the surgery use to be subordinate to the residential use. The appellant argues that this is satisfied due to the extent of floorspace provided for the residential use compared to the surgery, accommodated by extensions to the building. This largely comprises living accommodation at first floor, save for an access hall at ground floor on the front elevation.

8.8. The surgery has a stated area of 68m2. The plans state that the residential accommodation totals 109m2. The appellants' calculations include storage space within the attic area.

8.9. I do not agree with the appellant that the second-floor storage space should be included within the living accommodation calculation, as this space is restricted by the design and dimensions of that area. The first-floor residential accommodation has a measured area of approximately 66sqm, with the ground floor hall comprising a stated area of 5.17m2. In floorspace terms, taken together these areas would exceed that allocated to the surgery. However, this is marginal and only with inclusion of the entrance hall at ground floor. In accommodation terms, both the surgery and first floor residential use would have an equal provision of 5 rooms each, excluding storage and circulation areas. On this basis I am not persuaded that the proposed surgery is sufficiently "subordinate" as envisioned in the wording of DMSO083. I also do not accept the appellants argument that the residential use has primacy over the surgery on the basis that it is two storeys and is outweighed by the factors discussed above.

8.10. The first paragraph of 14.14.5 Health Centres/Services states that "the Planning Authority will distinguish between small scale medical practices involving one to two principals (i.e. doctor/dentist/physiotherapist owning the business) with a maximum of one to two employees, and larger medical practices accommodating two or more medical practitioners and two or more support staff". The PA report considers that the proposed surgery constitutes a small-scale practice.

8.11. The supporting plans indicate 3 consulting rooms at ground floor level for the surgery. This indicates the potential to facilitate 3 practitioners at the site and therefore the proposal would meet the definition of a large-scale medical practice as defined at 14.14.5. The evidence does not define the number of employees associated with the proposal and accordingly my judgement can only be based on the supporting layout details. I therefore disagree with the PA conclusion that the proposal is small-scale medical practice. This also indicates that the surgery would not be subordinate to the residential use.

8.12. Observers dispute the need for the proposal. They list 7 existing GP services in the area which I calculate to be within 1.7km of the site. I consider that Objective DMSO77 – Community Facilities is relevant to the appeal as it states that "Any application for

community facilities such as… medical facilities, shall have regard to" 4 listed criteria. DMSO77 is not discussed in the PA report. The wording does not include an exception for medical practices in residential areas.

8.13. The first of the criteria states "Overall need in terms of necessity, deficiency, and opportunity to enhance or develop local or County facilities". The supporting information states that the area is underserved but does not include any quantitative or qualitative evidence to demonstrate that the proposal satisfies this criterion.

8.14. The third criterion of DMSO77 requires "Conformity with the requirements of appropriate legislative guidelines". The appended letter from the appellant simply states that the family are "licenced and experienced doctors…the intention is to create a professional, regulated, and responsibly managed clinic". I consider that this is insufficient evidence to demonstrate that the proposal would satisfy this criterion.

8.15. The remaining criteria relate to practicalities of the site in terms of site location relating to uses, impact on amenities, desirability and accessibility, and conformity with land use zoning objectives will be considered below.

**Design and Layout of Proposed Extensions and Residential Use;**

8.16. The PA conclude that the proposed extensions are acceptable and compliant with relevant policies which are listed above. The appellant and observers do not comment on this aspect of the proposal.

8.17. I noted at my visit that there a number of existing dwellings within Orchard Grove, Orchard Close, and Orchard Green with gable, rear, and front projection extensions similar to that proposed, including the adjoining semi-detached dwelling to the appeal site at 14 Orchard Grove. I am satisfied that the design of the extensions proposed are compliant with the plan and would not unduly impact on local character.

8.18. The PA query the nature of the proposed cladding to the front elevation as materials are not specified/unclear. Cladding is not prevalent finish to front elevations in the local area. I consider that a render finish would be contextually appropriate. This issue could be addressed by condition if permission was granted.

8.19. The PA conclude that the amenity space provision for the residential use is unacceptable, with no direct access, and overdevelopment of the site taking account

of the outbuilding at the rear of the site. I note that the PA refer to, and assess the proposal against, the amenity space requirements for a house, referencing SPPR2 of the Sustainable and Compact Settlements Guidelines for Planning Authorities. The appellant considers the amenity space requirements are sufficient to meet requirements in the plan. The layout plan indicates a remaining area of 48sqm between the rear of the building and outbuilding at the rear of the site.

8.20. The quantum of amenity space provided would meet the guidelines which specify a minimum of 30 sq.m for a 2 bed house. However, the amenity space arrangements proposed are not evident in the area and there is no supporting evidence to confirm any similar examples. I consider that the proposed arrangement without direct access to adjacent amenity space is unacceptable and inadequate to meet amenity needs of future residents having regard to the context.

8.21. As discussed above, the proposal would result in the creation of two separate units. The residential unit would, in my view, result in the creation of a duplex apartment rather than a dwelling as a result of the layout and alterations, as living accommodation would largely be provided at first floor save for the access hall and dedicated entrance at ground floor on the front elevation. Accordingly, Planning Design Standards for Apartments 2025 is relevant as this amends requirements in the plan as confirmed at paragraph 14.6.4 and Objective DMSO24.

8.22. The proposal would broadly comply with the living space standards set out in Appendix 1. However, section 3.8 discusses Private Amenity Space and states:

*Private amenity space shall be provided in the form of gardens or patios/terraces for ground floor apartments and balconies or terraces at upper levels.* It further states:

*Balconies should adjoin and have a functional relationship with the main living areas of the apartment.*

8.23. The proposal does not include any balcony amenity provision or have a “functional relationship” with main living areas and therefore fails to meet this requirement. I therefore conclude that the proposal does meet private amenity space requirements of “Planning Design Standards for Apartments 2025”.

**Impact on Amenity of Existing Properties;**

8.24. The PA conclude that the proposed extensions/alterations would not have a negative impact on the amenity of adjacent properties. The appellant does not comment on these issues.

8.25. I note an observer considers that the proposed gable windows at ground floor would adversely impact on amenity. I consider that these windows would not impact amenity given their ground floor location and views from these openings to adjoining properties would be precluded by the intervening boundary wall between respective sites. I am also satisfied that the extensions and alterations would not unacceptably impact on any adjacent sites having regard to the separation distances available and aspect/orientation and therefore concur with the PA conclusion.

**Traffic, parking and related amenity issues**

8.26. The PA report refers to concerns regarding disturbance, disruption, and noise nuisance from the proposal and associated activity and a resulting detrimental impact on amenity. This is not repeated in the refusal reason. Observers have also raised this issue. The appended submission from the appellant states that objections are acknowledged, that the practice is modest, and patients would be controlled and staggered by an appointment system. Operating hours are not provided.

8.27. Consideration of this issue must be undertaken in the context of the permissive wording of DMSO83 which permits medical practices in residential areas subject to the use being subordinate and small scale, in addition to other relevant policies within the plan. In addition, I note that the Transportation Section of the Council have no objections in relation to the parking and access considerations. However, the response does not comment on trip generation to/from the site from the proposal.

8.28. The evidence does not include any details on likely patient numbers or employees. The appellant states that an appointment system would be utilised to manage visitors to the site. As discussed above, I can therefore only rely on the submitted floor plans as an indicator of the scale of the practice operation/use. These indicate 3 consultation rooms and a reception and therefore suggests a minimum of 3 practitioners and at least 1 supporting member of staff. 5 chairs are also annotated on

the reception area/waiting room. 14.14.5 Health Centres/Services states that “the Planning Authority will distinguish between small scale medical practices involving one to two principals (i.e. doctor/dentist/physiotherapist owning the business) with a maximum of one to two employees, and larger medical practices accommodating two or more medical practitioners and two or more support staff. Given the plans indicate 3 consulting rooms, the proposal would meet the definition of a “larger medical practice” as 3 practitioners could operate from the site.

8.29. On this basis, and without evidence to the contrary, I can only conclude that the proposal would generate a large number of trips to the site and adjacent public streets consistent with the nature of medical uses. Appointments are typically for a short period of time and travel patterns are therefore frequent in terms of arrivals and departures. I acknowledge that not all visitors would not necessarily visit the site by car/vehicle. However, the site is not located on or adjacent to public transport infrastructure, with the nearest bus facilities located on Clonsilla Road. The site is within a typical suburban residential area. It is therefore reasonable to assume that most patients would visit the site by car.

8.30. I visited the site during normal working hours and I noted that there are no parking restrictions within Orchard Grove or adjacent streets. There were several cars parked on street on Orchard Grove, Close and Green. I estimate that there would be sufficient space to accommodate an element of on street parking in the vicinity of the site. There were a very limited number of vehicle movements within these streets during my visit. I note the Transport Section response confirming on-site parking is adequate, however due to the restricted space the majority of visitors would have to rely on on-street parking availability. They also confirm no road safety issues would occur.

8.31. I acknowledge that the Orchard Grove and adjacent streets are part of the public highway and accordingly traffic and associated use is unrestricted. Without evidence to the contrary, I consider that the scale of the proposal would result in uncharacteristic vehicle movements, compared to residential use, to Orchard Grove and adjacent streets which would adversely impact amenity of residents. The associated parking, exiting and entering vehicles would result in disturbance to the area and is not typical of activity in suburban minor residential streets.

8.32. Due to the typical nature of medical consultations and associated operating activities within the building, I am satisfied that this would not unduly impact on the amenity of existing residents. Amenity concerns only relate to activity associated with visitors to and from the site given the residential location and character.

8.33. In light of the above I consider that the proposal fails to demonstrate compliance with the second criterion of DMSO77 which states “Practicalities of site in terms of site location relating to uses, impact on local amenities, desirability, and accessibility”.

8.34. The proposal provides adequate in-curtilage parking taking account of the response from the positive response from the PA Transportation Section. They also indicate that cycle parking is not indicated and a minimum of. 2 no. sheffield stands providing 4 no. short-stay bicycle parking spaces is necessary. There is sufficient scope within the site to provide cycle parking, and I conclude that this matter could be addressed by planning condition and parking requirements are acceptable. However, this does not outweigh the traffic amenity impacts discussed above.

8.35. The in-curtilage area to the front of the site indicated for parking is currently entirely hard surfaced save for boundary planting along the communal boundary with the adjacent dwelling number 14, and along the front boundary with the public street/footpath. Entirely hard surfaced front garden areas are not characteristic of the street. The supporting plans indicate the removal of the communal boundary vegetation. I consider that a condition securing the retention and maintenance of all existing vegetation is necessary to provide screening of the parking area in the event that the Commission grant permission to protect character.

8.36. Following the above assessment, I do not consider that the proposal would protect and improve residential amenity as stipulated in the Land use zoning objective. Nor would it have a minimal impact on and enhance residential amenity for the reasons discussed above. Accordingly, I also do not consider that the proposal has adequate regard to the fourth criterion of DMSO77 which stipulates “Conformity with land use zoning objectives”.

8.37. Notwithstanding the above, should the Commission grant permission, I would recommend conditions for a management/operating plan and hours of operation restriction to normal business hours Monday to Friday inclusive only to control visitors to the site and safeguard amenity as far as practicable. Limited information has also

been provided on waste management and collection. Appropriate details should also be provided by condition.

Precedent / Examples in the Area

8.38. The appellant refers in an appendix to 7 sites comprising medical uses in residential areas which they consider support the proposal. Photographs are provided, however no planning application details or supporting documentation is not included. Each example is considered below.

"Femplus" 171A Roselawn Road, Blanchardstown

8.39. This is a semi-detached dwelling with a single storey extension accommodating the medical use. I do not consider that this comparable to the proposal in that it is a corner site that abuts the public road with 2 dwellings adjacent and to the rear. Opposite the site is open space. The appeal site abuts/shares boundaries with five dwellings. There is also no evidence confirming the scale of the proposal, or that it was considered within the same policy context. I conclude that it does not support the proposal.

Clonsilla Medical Centre, Weavers Row, 1 Clonsilla, Porterstown

8.40. This appears to be a former semi-detached dwelling on a spatially restricted site. There is no evidence confirming the scale of the proposal, or that it was considered within the same policy context. The photograph suggests that it is smaller site than the proposal and not equivalent to the schedule of accommodation in the proposal. I conclude that it does not support the proposal.

Castleknock Medical Centre, Woodvale GP Practice, The Rise Family Practice, GP Surgery, 62 Maple Drive, Clarendon Surgery

8.41. These surgeries are distinguishable from the appeal site as they are all located within detached buildings. They appear to be former dwellings, however, there is no evidence confirming this was the case. There is also no evidence confirming the scale

of these proposals, or they were considered within the same policy context. I conclude that they do not support the proposal.

Pre-school at 8 Orchard Grove (F009/0811)

8.42. The appellant also refers to the above pre-school as evidence to support the proposal. Details of the related application or grant of permission have not been provided. The reference number provided suggests that this use was not assessed under current policy requirements. It is not a similar development, and I conclude that it does not support the proposal.

**Material Contravention.**

8.43. The PA consider that the proposal would constitute a material contravention of objective DMSO83 of the plan which states:

"Medical practices in residential areas shall be additions to the existing residential use of a dwelling and be subordinate to it. Similar to childcare facilities in residential areas – small-scale medical practices should ideally be in larger and detached houses on their own grounds and with suitable and convenient access for those arriving by car, foot or public transport".

This is supported by the 3rd parties, whilst the appellant does not comment on this issue.

8.44. As set out in the assessment above, having examined the facts and the relevant material considerations, I consider that the proposal would be contrary to the zoning objective, would not be subordinate, small scale, adversely affect amenity, and therefore not constitute an acceptable use at this location. Accordingly, I consider that the proposal would constitute a material contravention of the plan.

8.45. Having regard to Section 37 (2) of the Planning and Development Act 2000 (as amended), the Commission may in determining an appeal under this section decide to grant a permission even if the proposed development contravenes materially the development plan relating to the area of the PA to whose decision the appeal relates.

8.46. The Commission may only grant permission subject to 4 criteria under section 37(2)(b), and the proposal is assessed against each of these below:

i. the proposed development is of strategic or national importance.

8.47. The proposal not of sufficient scale to constitute a development of strategic or national importance.

ii. there are conflicting objectives in the development plan or the objectives are not clearly stated, insofar as the proposed development is concerned.

8.48. The relevant policy considerations are set out above. Protection of amenity, character, and design considerations are repeated within these policy considerations and associated development management standards. There are no conflicting or unclear objectives, and the parties have not highlighted any such conflict within the supporting evidence.

iii. permission for the proposed development should be granted having regard to regional planning guidelines for the area, guidelines under section 28, policy directives under section 29, the statutory obligations of any local authority in the area, and any relevant policy of the Government, the Minister or any Minister of the Government.

8.49. There are no guidelines, directives, statutory obligations, Government or Ministerial policies of relevance to / or outweigh the Development Plan considerations for the proposal and the parties have not highlighted any such conflict within the supporting evidence.

iv. permission for the proposed development should be granted having regard to the pattern of development, and permissions granted, in the area since the making of the development plan.

8.50. The pattern of development, and uses in the area do not support the proposal as set out in the above assessment. There are no granted permissions of material significance in the locality since the making of the development plan. The parties have not highlighted any permissions or considerations within the evidence that would support the proposal.

8.51. I therefore conclude that the limited circumstances where the Commission could overturn reasons of refusal involving material contravention have not been met.

## 9.0 AA Screening

9.1 I have considered the proposed access and associated works in light of the requirements S177U of the Planning and Development Act 2000 as amended.

9.2 The subject site is located in an existing urban/residential area of Fingal Council Area.

9.3 The proposed development comprises alterations and works within the curtilage of an existing dwelling as described at section 2.0 above.

9.4 No nature conservation concerns were raised in the planning appeal.

9.5 Having considered the nature, scale and location of the project, I am satisfied that it can be eliminated from further assessment because there is no conceivable risk to any European Site. The reason for this conclusion is as follows:

- small scale nature of works and nature of the development;
- distance from nearest European site and lack of connections.

9.6 I conclude that on the basis of objective information, that the proposed development would not have a likely significant effect on any European Site either alone or in combination with other plans or projects.

9.7 Likely significant effects are excluded and therefore Appropriate Assessment (stage 2) (under Section 177V of the Planning and Development Act 2000) is not required.

## 10.0 Water Framework Directive

10.1. The subject site is located in an existing residential development within the urban/residential area of Fingal Council Area.

10.2. The proposed development comprises alterations and works within the curtilage of an existing dwelling and change of use as discussed at section 2.0 above.

10.3. No water deterioration concerns were raised in the planning appeal.

10.4. I have assessed the development and have considered the objectives as set out in Article 4 of the Water Framework Directive which seek to protect and, where necessary, restore surface & ground water waterbodies in order to reach good status (meaning both good chemical and good ecological status), and to prevent deterioration. Having considered the nature, scale and location of the project, I am

satisfied that it can be eliminated from further assessment because there is no conceivable risk to any surface and/or groundwater water bodies either qualitatively or quantitatively.

10.5. The reason for this conclusion is as follows:

- small scale nature of works;
- The location of the site and distance from nearest Water bodies and lack of hydrological connections.

10.6. Conclusion

10.7. I conclude that on the basis of objective information, that the proposed development will not result in a risk of deterioration on any water body (rivers, lakes, groundwaters, transitional and coastal) either qualitatively or quantitatively or on a temporary or permanent basis or otherwise jeopardise any water body in reaching its WFD objectives and consequently can be excluded from further assessment.

## 11.0 Recommendation

11.1. I recommend that planning permission should be REFUSED for the reasons and considerations as set out below.

## 12.0 Reasons and Considerations

Having regard to the proposed development, given the design and layout, it is considered that the proposal would result in the creation of 2 separate and independent uses on the site that being a GP surgery and a residential unit. The proposal would therefore fail to comply with Objective DMSO77 – Community Facilities, section 14.14.5 Health Centres/Services, and Objective DMSO83 – Location of Medical Practices in Residential Areas, and the RS – Residential zoning objective which seeks to provide for residential development and protect and improve residential amenity of the Fingal Development Plan 2023-2029 as the proposed GP Surgery is not considered to be subordinate to the existing residential use of the dwelling, a need for the proposal has not been demonstrated, and amenity would be adversely affected.

In addition, it is considered that the proposed development by design would result in a substandard form of residential development and which would provide inadequate private amenity space for the occupants of the proposed residential unit and therefore fails to comply with Objective DMSO24 – Apartment Development and section 3.8 Private Amenity Space of the Planning Design Standards for Apartments Guidelines for Planning Authorities, 2025.

It is therefore considered the proposed development would constitute overdevelopment and materially contravene Objective DMSO83 of the Fingal Development Plan 2023-2029 and therefore be contrary to the proper planning and sustainable development of the area.

I confirm that this report represents my professional planning assessment, judgement and opinion on the matter assigned to me and that no person has influenced or sought to influence me, directly or indirectly, following my professional assessment and recommendation set out in my report in an improper or inappropriate way.

R Taylor
Planning Inspector

10 September 2026

## Appendix 1: Form 1 EIA Pre-Screening

| | |
|---|---|
| **Case Reference** | PL-501658-DF-26 |
| **Proposed Development Summary** | Extension of the ground and first floor and the extension and conversion of the existing attic, and the addition of 2 no. rooflights on the rear pitch of the roof. In addition, the change of use of the ground floor from residential to a GP Surgery and the continuation of residential use at first floor and attic storey level and all associated site works |
| **Development Address** | 16 Orchard Grove, Blanchardstown, Dublin 15, D15 X4XV |
| **IN ALL CASES CHECK BOX / OR LEAVE BLANK** | |
| **1. Does the proposed development come within the definition of a 'Project' for the purposes of EIA?** | ☒ Yes, it is a 'Project'. Proceed to Q.2. |
| | ☐ No, No further action required. |
| (For the purposes of the Directive, "Project" means:<br><br>- The execution of construction works or of other installations or schemes,<br><br>- Other interventions in the natural surroundings and landscape including those involving the extraction of mineral resources) | |
| **2. Is the proposed development of a CLASS specified in Part 1, Schedule 5 of the Planning and Development Regulations 2001 (as amended)?** | |
| ☐ Yes, it is a Class specified **in Part 1.**<br>**EIA is mandatory. No Screening required. EIAR to be requested. Discuss with ADP.** | |
| ☒ No, it is not a Class specified in Part 1. Proceed to Q3 | |

| **3. Is the proposed development of a CLASS specified in Part 2, Schedule 5, Planning and Development Regulations 2001 (as amended) OR a prescribed type of proposed road development under Article 8 of Roads Regulations 1994, AND does it meet/exceed the thresholds?** | |
|---|---|
| ☒ No, the development is not of a Class Specified in Part 2, Schedule 5 or a prescribed type of proposed road development under Article 8 of the Roads Regulations, 1994.<br>**No Screening required.** | Not a Class |
| ☐ Yes, the proposed development is of a Class and meets/exceeds the threshold.<br>**EIA is Mandatory. No Screening Required** | |
| ☐ Yes, the proposed development is of a Class but is sub-threshold.<br>**Preliminary examination required. (Form 2)**<br>**OR**<br>**If Schedule 7A information submitted proceed to Q4. (Form 3 Required)** | |

| **4. Has Schedule 7A information been submitted AND is the development a Class of Development for the purposes of the EIA Directive (as identified in Q3)?** | |
|---|---|
| **Yes** ☐ | |
| **No** ☒ | **Pre-screening determination conclusion remains as above (Q1 to Q3)** |

**Inspector:_R Taylor_____ Date: __10/09/2026_____**