

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

Gessica Silva

(b) Address

Apartment 101, The Elm, Charleville Square, Dublin 14

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.

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

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

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

Please sign this box

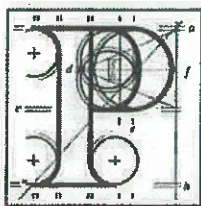
### Data Protection

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

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

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





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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?

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**Yes, I wish to take part in the oral hearing**

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**Yes**

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**No**

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

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(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

☐

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Please sign this box

*Brian U Curthear*

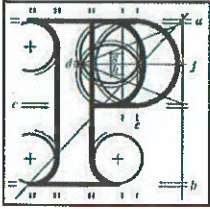
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#### Case details

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ABP-310286-21

#### Your details

2. Your full details:

(a) Name

Gabriel Clery.

(b) Address

Bawnstard,  
Kilmallock,  
Co. Limerick, V35 XV77

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

AN BORD PLEANÁLA

LDG- \_\_\_\_\_

ABP- \_\_\_\_\_

08 SEP 2022

Fee: € \_\_\_\_\_

Type: \_\_\_\_\_

Time: \_\_\_\_\_

By: \_\_\_\_\_

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**Yes, I wish to take part in the oral hearing**

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**Yes**

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**No**

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Yes

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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.

Luke Lillingston, Neighbouring Stud Owner  
directly affected.  
would like to speak for 10 minutes

(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 minutes maximum.

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

Yes

(please provide details below)

☐

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*Gabriel Clery.*

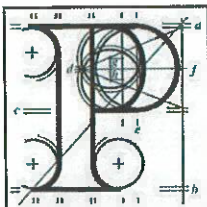
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AN BORD PLEANÁLA

ABP.

08 SEP 2022

Fee: €

Time:

By: *Post*

#### 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

*Betty Houlahan*

(b) Address

*Gibberstown  
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

*Carol Conran.  
Close House, Glanworth,  
Co. Cork.*

OR

*Barry Houlahan N.H.I.B.  
Galway*

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**Yes**

☐

**No**

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Yes

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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.

20 minutes.

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Yes

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No

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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.**

*Betty Houlihan*

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