

ID: 1fb2e114-33fc-4163-b706-8adacdf574aa

8. What is the Postal address of the land to which this submission relates? If none, give a description sufficient to identify it.

Cherry Orchard Hospital, Ballyfermot, Dublin 10

9. Eircode if Available: D10 Y821

10. Parcel ID reference number as shown on the Map: DCC000061653 (Part)

11. Are you requesting a variation of the zoning of land identified on the Final Map for 2025 as being in scope for the tax?(Required)

Yes

12. If Yes please indicate:

Z1

13. If Yes please indicate:

Z15

14. Provide detailed reasons for your rezoning request, which may include continuation of an ongoing economic activity.

See attached submission