

ID: 36e2902c-4a53-4737-86c9-1042e23de0c3

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

Lands to the rear of Terenure Health Centre, 68 Terenure Road North, Terenure, Dublin 6W

**9. Eircode if Available:** D6W H568

**10. Parcel ID reference number as shown on the Map:** DCC000062593 (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:**

**13. If Yes please indicate:**

Z1

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

Z4