

## Community Infrastructure Levy (CIL) - Form 2: Assumption of Liability

This form should be used to assume liability prior to commencement of development.

**Please note:** This version of the form should only be used for submissions relating to planning applications in England. There is a legacy version of the form for use in Wales: [Download the legacy version of this form](#)

Please complete the form using block capitals and black ink and send to the Collecting Authority

See [Planning Practice Guidance for CIL](#) for guidance on CIL generally, including assuming liability.

### Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to a Local Authority in accordance with the 'The Community Infrastructure Levy Regulations 2010 (as amended)'.

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it (unless you choose to upload it to any Planning Portal online service in agreement with the relevant terms and conditions). Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to a Local Authority with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Authority to inform you of its obligations in regards to the processing of this information. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

### Description of Development

Planning Permission / Notice of Chargeable Development Reference:

APP/21/00255 OR PP-09569967v2

Site address:

45 & 47 RAILS LANE, HAYLING ISLAND, HANTS, PO11 9LH

Description of development:

APPLICATION FOR THE ERECTION OF A BUNGALOW ON LAND TO THE REAR OF 45 AND 47 RAILS LANE

## Section A: Assumption of Liability

If the liable party is a company, you must fill in the company name

### Party A Assuming Liability

Title:  First name:

Last name:

Company:

Position:

Company registration no: (where applicable)

Unit:  House number:  House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

Telephone number (mandatory)

Country code:  National number:  Extension number:

Email address (optional):

### Party B Assuming Liability

Title:  First name:

Last name:

Company:

Position:

Company registration no: (where applicable)

Unit:  House number:  House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

Telephone number (mandatory)

Country code:  National number:  Extension number:

Email address (optional):

### Party C Assuming Liability

|                                                |                      |                      |                      |
|------------------------------------------------|----------------------|----------------------|----------------------|
| Title:                                         | <input type="text"/> | First name:          | <input type="text"/> |
| Last name:                                     | <input type="text"/> |                      |                      |
| Company:                                       | <input type="text"/> |                      |                      |
| Position:                                      | <input type="text"/> |                      |                      |
| Company registration no:<br>(where applicable) | <input type="text"/> |                      |                      |
| Unit:                                          | <input type="text"/> | House number:        | <input type="text"/> |
|                                                |                      | House suffix:        | <input type="text"/> |
| House name:                                    | <input type="text"/> |                      |                      |
| Address 1:                                     | <input type="text"/> |                      |                      |
| Address 2:                                     | <input type="text"/> |                      |                      |
| Address 3:                                     | <input type="text"/> |                      |                      |
| Town:                                          | <input type="text"/> |                      |                      |
| County:                                        | <input type="text"/> |                      |                      |
| Country:                                       | <input type="text"/> |                      |                      |
| Postcode:                                      | <input type="text"/> |                      |                      |
| Telephone number (mandatory)                   |                      |                      |                      |
| Country code:                                  | National number:     | Extension number:    |                      |
| <input type="text"/>                           | <input type="text"/> | <input type="text"/> |                      |
| Email address (optional):                      |                      |                      |                      |
| <input type="text"/>                           |                      |                      |                      |

### Party D Assuming Liability

|                                                |                      |                      |                      |
|------------------------------------------------|----------------------|----------------------|----------------------|
| Title:                                         | <input type="text"/> | First name:          | <input type="text"/> |
| Last name:                                     | <input type="text"/> |                      |                      |
| Company:                                       | <input type="text"/> |                      |                      |
| Position:                                      | <input type="text"/> |                      |                      |
| Company registration no:<br>(where applicable) | <input type="text"/> |                      |                      |
| Unit:                                          | <input type="text"/> | House number:        | <input type="text"/> |
|                                                |                      | House suffix:        | <input type="text"/> |
| House name:                                    | <input type="text"/> |                      |                      |
| Address 1:                                     | <input type="text"/> |                      |                      |
| Address 2:                                     | <input type="text"/> |                      |                      |
| Address 3:                                     | <input type="text"/> |                      |                      |
| Town:                                          | <input type="text"/> |                      |                      |
| County:                                        | <input type="text"/> |                      |                      |
| Country:                                       | <input type="text"/> |                      |                      |
| Postcode:                                      | <input type="text"/> |                      |                      |
| Telephone number (mandatory)                   |                      |                      |                      |
| Country code:                                  | National number:     | Extension number:    |                      |
| <input type="text"/>                           | <input type="text"/> | <input type="text"/> |                      |
| Email address (optional):                      |                      |                      |                      |
| <input type="text"/>                           |                      |                      |                      |

### Agent Name and Address

|                               |                                                      |                      |                                    |             |                                                |               |                                 |               |                      |
|-------------------------------|------------------------------------------------------|----------------------|------------------------------------|-------------|------------------------------------------------|---------------|---------------------------------|---------------|----------------------|
| Title:                        | <input type="text" value="MS"/>                      | First name:          | <input type="text" value="HAZEL"/> | Unit:       | <input type="text"/>                           | House number: | <input type="text" value="24"/> | House suffix: | <input type="text"/> |
| Last name:                    | <input type="text" value="BUTLER"/>                  |                      |                                    |             |                                                |               |                                 |               |                      |
| Company:                      | <input type="text" value="HAZEL BUTLER ARCHITECTS"/> |                      |                                    |             |                                                |               |                                 |               |                      |
| Telephone number (mandatory)  |                                                      |                      |                                    |             |                                                |               |                                 |               |                      |
| Country code:                 | National number:                                     | Extension number:    |                                    | House name: | <input type="text"/>                           |               |                                 |               |                      |
| <input type="text"/>          | <input type="text" value="01252 333333"/>            | <input type="text"/> |                                    | Address 1:  | <input type="text" value="NIGHTINGALE CLOSE"/> |               |                                 |               |                      |
| Email address (optional):     |                                                      |                      |                                    | Address 2:  | <input type="text"/>                           |               |                                 |               |                      |
| <input type="text" value=""/> |                                                      |                      |                                    | Address 3:  | <input type="text"/>                           |               |                                 |               |                      |
|                               |                                                      |                      |                                    | Town:       | <input type="text" value="ROWLANDS CASTLE"/>   |               |                                 |               |                      |
|                               |                                                      |                      |                                    | County:     | <input type="text" value="HAMPSHIRE"/>         |               |                                 |               |                      |
|                               |                                                      |                      |                                    | Country:    | <input type="text"/>                           |               |                                 |               |                      |
|                               |                                                      |                      |                                    | Postcode:   | <input type="text" value="PO9 6EU"/>           |               |                                 |               |                      |

## Declaration

I/we hereby assume liability for the Community Infrastructure Levy Charge for the above development. Where assuming liability on behalf of a company, I confirm that I am authorised to do so. I/we understand that I/we must submit a commencement notice in order to secure the 60 day payment window or such time as the charging authority has allowed in its current payment instalments policy, as per the requirements of the Community Infrastructure Levy Regulations (2010) as amended. I/we am/are aware of the surcharges I/we will incur if I/we do not follow the correct procedures for paying the CIL charge. I/we understand any communication and actions by the collecting authority to pursue me/us for the assumed liability will be copied to the site land owners (as defined in CIL regulations)

Name - A Party Assuming Liability:

Date (DD/MM/YYYY):

Name - B Party Assuming Liability:

Date (DD/MM/YYYY):

Name - C Party Assuming Liability:

Date (DD/MM/YYYY):

Name - D Party Assuming Liability:

Date (DD/MM/YYYY):

Or Name - Agent:

Date (DD/MM/YYYY):

Under regulation 37(2) of the Community Infrastructure Levy Regulations (2010) as amended, where two or more persons have assumed liability to pay CIL in respect of a chargeable development they shall each be jointly and severally liable to pay any CIL payable in respect of that chargeable development.

It is an offence for a person to knowingly or recklessly supply information which is false or misleading in a material respect to a charging or collecting authority in response to a requirement under the Community Infrastructure Levy Regulations (2010) as amended (regulation 110, SI 2010/ 948). A person guilty of an offence under this regulation may face unlimited fines, two years imprisonment, or both.