

## Community Infrastructure Levy (CIL) - Form 1: Assumption of Liability

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

Please complete the form using block capitals and black ink and send to the Charging Authority (or Collecting Authority if this differs from the Charging Authority)

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

### Description of Development

Planning Permission / Notice of Chargeable Development Reference:

APP/19/00085

Site address:

7 Highfield Avenue, Waterloooville, PO7 7PY

Description of development:

Two storey rear extension. Replace flat roof of existing side extension with pitched roof.

## Section A: Assumption of Liability

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

### Party A Assuming Liability

Title: Ms First name: Clare

Last name: Freeman

Company:

Position:

Company registration no:  
(where applicable)

Unit: House number: 7 House suffix:

House name:

Address 1: Highfield Avenue

Address 2:

Address 3:

Town: Waterloooville

County:

Country:

Postcode: PO7 7PY

Telephone number (mandatory)

Extension

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="MR"/>               | First name:          | <input type="text" value="CONNER"/> |
| Last name:                                              | <input type="text" value="MALLEN"/>           |                      |                                     |
| Company:                                                | <input type="text" value="THORNS YOUNG LTD"/> |                      |                                     |
| Telephone number (mandatory)                            |                                               |                      |                                     |
| Country code:                                           | National number:                              | Extension number:    |                                     |
| <input type="text"/>                                    | <input type="text" value="02392 672883"/>     | <input type="text"/> |                                     |
| Email address (optional):                               |                                               |                      |                                     |
| <input type="text" value="C.MALLEN@THORNSYOUNG.CO.UK"/> |                                               |                      |                                     |

|             |                                             |               |                                  |               |                      |
|-------------|---------------------------------------------|---------------|----------------------------------|---------------|----------------------|
| Unit:       | <input type="text"/>                        | House number: | <input type="text" value="232"/> | House suffix: | <input type="text"/> |
| House name: | <input type="text"/>                        |               |                                  |               |                      |
| Address 1:  | <input type="text" value="LONDON ROAD"/>    |               |                                  |               |                      |
| Address 2:  | <input type="text" value="HILSEA"/>         |               |                                  |               |                      |
| Address 3:  | <input type="text"/>                        |               |                                  |               |                      |
| Town:       | <input type="text" value="PORTSMOUTH"/>     |               |                                  |               |                      |
| County:     | <input type="text" value="HAMPSHIRE"/>      |               |                                  |               |                      |
| Country:    | <input type="text" value="UNITED KINGDOM"/> |               |                                  |               |                      |
| Postcode:   | <input type="text" value="PO2 9JQ"/>        |               |                                  |               |                      |

## 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.