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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)'.

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Description of Development

Planning Permission / Notice of Chargeable Development Reference:

BE/42/21/HH.

Site address:

2240 CHESTER ROAD
BOURNE REEKS
PO21 5AX.

Description of development:

Single storey rear extension with rear / side annex, erection of detached garage & erection of front porch.

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:	LAWISA
Last name:	VSSHEP		
Company:			
Position:			
Company registration no: (where applicable)			
Unit:	House number:	200	House suffix:
House name:			
Address 1:	CHICHESTER ROAD		
Address 2:			
Address 3:			
Town:	BONNER REEF		
County:	WEST SUSSEX		
Country:			
Postcode:	PO21 5AX		
Telephone number (mandatory)			
Country code:	National number:	0741110408	Extension number:
044			
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: 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 D 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):

Agent Name and Address

Title: First name:

Last name:

Company:

Telephone number (mandatory)

Country code: National number: Extension number:

Email address (optional):

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

