

Planning Application Number:

Site Address:





COMMUNITY INFRASTRUCTURE LEVY (CIL) Form 2: Assumption of CIL Liability

CIL Form 2 - Assumption of Liability should be used to assume liability for the payment of the CIL, prior to commencement of development.

Section 1: Description of Development

preferred method of contact for any future CIL

correspondence unless you indicate otherwise.

Section 2: Ass	umption	of Liability			
Party A: Assuming Liability			Party B: Assuming Liability		
Personal Details			Personal Details		
Title:			Title:		
First Name:			First Name:		
Surname:			Surname:		
Company (where relevant):		Company (where relevant):			
Position (where relevant):		Position (where relevant):			
Company Registration No (where applicable)		Company Registration No (where applicable)			
Contact Details			Con	tact Details	
Email Address:			Email Address:		
Phone Number:	1		Phone Number:	1	
	2		Thone Number.		
Address				1	Address
Address:	·		Address:		
Postcode:			Postcode:		

the preferred method of contact for any future CIL

correspondence unless you indicate otherwise.

Party C: Assuming Liability	Party D: Assuming Liability		
Personal Details	Personal Details		
Title:	Title:		
First Name:	First Name:		
Surname:	Surname:		
Company (where relevant): Position	Company (where relevant): Position		
(where relevant):	(where relevant):		
Company Registration No (where applicable)	Company Registration No (where applicable)		
Contact Details	Contact Details		
Email Address:	Email Address:		
Phone Number:	Phone Number:		
2	2		
Address	Address		
Address:	Address:		
Postcode:	Postcode:		
If an email address is provided, we will utilise this as the preferred method of contact for any future CIL correspondence unless you indicate otherwise.	If an email address is provided, we will utilise this as the preferred method of contact for any future CIL correspondence unless you indicate otherwise.		
Section 3: Agent Details (if relevant)			
Personal Details	Contact Details		

Personal Details				
Title:				
First Name:				
Surname:				
Company:				
Position:				
Address:				
Postcode:				

	Co	ontact Details
	1	
Email Address:	2	
Phone Number:	1	
Priorie Number.	2	

If an email address is provided, we will utilise this as the preferred method of contact for any future CIL correspondence, unless you indicate otherwise.

Section 4: Additional Information						
If necessary, please detail below any supporting evidence:						
Section 5: Declaration						
I/we hereby assume liability for the Community Infrastructure Levy for the above development. I/we understand that I/we must submit a commencement notice¹ 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). In compliance with CIL regulation 67, notification of commencement must be submitted and received in writing on CIL Form 6: Commencement Notice as published by the Secretary of State (or a form to substantially the same effect) prior to commencement of development.						
I have read and agree to the above terms and conditions for the Assumption of Liability and certify that the information provided is accurate to the best of our knowledge.						
Signed - Party A Assuming Liability:	Date (DD/MM/Y	YYY):				
I have read and agree to the above terms and conditions for the Assumption of Liability and certify that the information provided is accurate to the best of our knowledge.						
Signed - Party B Assuming Liability:	Date (DD/MM/Y	YYY):				
I have read and agree to the above terms and conditions for the Assumption of Liability and certify that the information provided is accurate to the best of our knowledge.						
Signed - Party C Assuming Liability:	Date (DD/MM/Y	YYY):				
I have read and agree to the above terms and conditions for the Assumption of Liability and certify that the information provided is accurate to the best of our knowledge.						
Signed - Party D Assuming Liability:	Date (DD/MM/)	YYYY):				

A hand written signature is required for each party assuming liability

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.

Section 6: Agent Declaration (if relevant)

I hereby assume liability for the Community Infrastructure Levy for the above development. I understand that I must submit a commencement notice¹ 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 am aware of the surcharges I will incur if I do not follow the correct procedures for paying the CIL charge. I understand any communication and actions by the collecting authority to pursue me for the assumed liability will be copied to the site land owners (as defined in CIL regulations).

In compliance with CIL Regulation 67, notification of commencement must be submitted and received in writing on CIL Form 6: Commencement Notice as published by the Secretary of State (or a form to substantially the same effect) prior to commencement of development.

I have read and agree to the above terms and conditions for the Assumption of Liability and certify that the information provided is accurate to the best of my knowledge.

Signed - Agent:

Date
(DD/MM/YYYY):

A hand written signature is required

Once completed and signed, this form can be returned either by email or post:

Email to: CIL@shropshire.gov.uk

Post to: CIL Team, Planning Policy, Shropshire Council, PO Box 4826, Shrewsbury, SY1 9LJ

Details on how Shropshire Council uses your data can be found at: https://shropshire.gov.uk/privacy/privacy-notices/