

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

Form 1: Assumption of Liability
This form should be used to assume liability prior to commencement of development.
Please complete using block capitals and black ink.

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Description of Devel	lopment								
Planning Permission / Notice of Chargeable Development Reference:									
Site address:									
Billingford, Elstree Hill, Bro	omley, BR1 4JE								
Description of developme	ent:								
Demolition of existing dw	velling and replacement with block of 4	x 2 bed and 1	x 1 bed flats; <sub>l</sub>	provision of r	new access.				
	Section A: Assu		<b>'</b>						
	If the liable party is a compan	y, you must fi	ll in the comp	any name			14		
Party A Assuming Lia	ty A Assuming Liability			Party B Assuming Liability					
Title: Mr	First name: E	Title:		First nam	ie:				
Last name: Ozdemir		Last nar	me:						
Company:		Compai	ny:						
Position:		Position	ı:						
Company registration no: (where applicable)		Compai (where	ny registratior applicable)	n no:					
	ouse House suffix:	Unit:		House number:		House suffix:			
House name:		House name:							
Address 1: Billingford		Address	5 1:						
Address 2: Elstree Hill		Address	5 2:						
Address 3:		Address	3:						
Town: Bromley		Town:							
County:		County:							
Country:		Country	<i>y</i> :						
Postcode: BR1 4JE		Postcoo	le:						
Telephone number (mand	LACCIBIO		one number (n	· ·			Extension		
Country code: National	I number: number:	Country	/ code: Nati	ional number	·:		number:		
Email address (optional):		□     □ □ □   Fmail a	ddress (option	nal)·					
			aaress (optioi	141/1					

Party C Assuming Liability	Party D Assuming Liability				
Title: First name:	Title: First name:				
Last name:	Last name:				
Company:	Company:				
Position:	Position:				
Company registration no: (where applicable)	Company registration no: (where applicable)				
Unit: House number: House suffix:	Unit: House House suffix:				
House name:	House name:				
Address 1:	Address 1:				
Address 2:	Address 2:				
Address 3:	Address 3:				
Town:	Town:				
County:	County:				
Country:	Country:				
Postcode:	Postcode:				
Telephone number (mandatory)  Extension	Telephone number (mandatory)  Extension				
Country code: National number: number:	Country code: National number: number:				
Email address (optional):	Email address (optional):				
Agent Name and Address	Unit: House House suffix:				
Title: First name: N	House name:				
Last name: Thompson	Address 1: Downe House				
Company: Robinson Escott Planning	Address 2: 303 High Street				
Telephone number (mandatory)	Address 3:				
Extension Country code: National number: number:	Town: Orpington				
01689 836334	County: Kent				
Email address (optional):	Country:				
	Postcode: BR6 0NN				

Declaration						
behalf of a company,I confirm that I am auth secure the 60 day payment window or such the requirements of the Community Infrastr incur if I/we do not follow the correct proced	norised to do so. I/we un time as the charging aut ucture Levy Regulations dures for paying the CIL o	harge for the above development. Where ass derstand that I/we must submit a commencen hority has allowed in its current payment insta (2010) as amended. I/we am/are aware of the charge. I/we understand any communication a copied to the site land owners (as defined in Copied.)	nent notice in order to alments policy, as per surcharges I/we will and actions by the			
Name - A Party Assuming Liability:	Date (DD/MM/YYYY):	Name - B Party Assuming Liability:	Date (DD/MM/YYYY):			
Mr E Ozdemir	20/04/2015					
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):					
		tions (2010) as amended, where two or more peach be jointly and severally liable to pay any				
collecting authority in response to a require	ment under the Commu	ation which is false or misleading in a material nity Infrastructure Levy Regulations (2010) as n may face unlimited fines, two years imprison	amended (regulation			