

London Borough of Richmond upon Thames

Community Infrastructure Levy (CIL)

Richmond Form A: Withdrawal of CIL Liability Notice Request Form

Richmond Council has approved a protocol for the withdrawal of CIL Liability Notices under Regulation 65(7) of the CIL Regulations 2010 (as amended). The Council will only withdraw a CIL Liability Notice at the request of a Liable Party if it meets the specific circumstances set out in the protocol. In order for the Council to process your request please complete ALL the information set out below. Failure to do so will render your claim invalid.

Section A: General Information

LIABLE Party Name:	<input type="text"/>
Contact name/Agent (if relevant):	<input type="text"/>
Telephone number:	<input type="text"/>
Email address (optional):	<input type="text"/>
Planning Application Number:	<input type="text"/>
CIL Liability Notice Reference:	<input type="text"/>
Date 'chargeable development' commenced:	<input type="text"/>

Section B: Supporting Information Demonstrating Hardship

To withdraw a Liability Notice, the Council must be satisfied that:

- significant hardship would be sustained if the Council failed to withdraw the Liability Notice, and
- it is reasonable to withdraw the Liability Notice having regard to the interest of local Council tax payers.

Hardship Statement

Please summarise your claim for hardship in less than 200 words:

For non-financial hardship claims a detailed statement is also required (Section B.3).

You should disclose all relevant factors relevant to assessment of the application, such as your company risks going out of business or job losses would be necessary, or household income would be impacted such that basic necessities could not be afforded. For financial hardship applications, please detail exceptional outgoings if material to the assessment.

Type of hardship incurred in relation to this application

This request for withdrawal of CIL Liability Notice relates to:

- | | |
|---|--------------------|
| Financial Hardship Claim on behalf of an individual | Go to Section B.1. |
| Financial Hardship Claim on behalf of a company | Go to Section B.2. |
| Other Hardship Claim | Go to Section B.3. |

Section B.1.

To support this claim for **financial hardship** on behalf of **an individual**:

Your individual income each year: £_____

Please provide your individual gross income for the last financial year (before tax). If you are self-employed provide your net annual profit.

Your household income each year: £_____

Please provide your household's gross income for the last financial year (before tax). If any members of the household are self-employed include net annual profit in this figure.

Your individual savings: £_____

Please confirm the total amount of savings you hold in your name.

Your household savings: £_____

Please confirm the total amount of savings held by adult members of your household.

Yes No

Do you or any member of your household have any investments?
e.g. shares or a property that you rent out

Your National Insurance Number

Other members of Household National Insurance Numbers

Name: _____

NI Number: _____

Name: _____

NI Number: _____

Name: _____

NI Number: _____

Documentation required:

Attached

Proof of identity, such as a copy of your passport or photo driving license

3 months bank statements

(this must include the current account used for general household bills)

Evidence of individual and household annual income

(e.g. payslips, tax returns)

Evidence of individual and household savings and any investments

(e.g. shares or a property that you or members of your household rent out)

Section B.2.

To support this claim for **financial hardship** on behalf of **a company**.

Documentation required:

Attached

2 years company audited accounts

A comprehensive business plan incorporating a brief history of the business

Cash flow forecast for a minimum of the next twelve months

Section B.3.

To support this claim for **other hardship**:

Please set out any information supporting your claim in a separate signed statement, to demonstrate that the issuing of the CIL liability has caused you significant hardship. Applicants should disclose all relevant factors in full. The statement must include a heading with your name and the relevant CIL Liability Reference.

Section C: Withdrawal of Liability Notice Request Declaration

Please complete ALL boxes

I declare that I am the Liable Party/applicant, or I have authorisation to act on behalf of the Liable party/applicant

I declare that the 'chargeable development' subject to this Liability Notice has commenced

I declare that I have provided the required documentation supporting my claim of significant hardship

I declare on behalf of (where the applicant is an undertaking):

- that the amount of *de minimis aid* received by –

in the last three fiscal years prior to the submission to Richmond Council of this Withdrawal of CIL liability Notice Request form is no more than 200,000 Euros; and

- the consequences of Richmond Council withdrawing the liability notice in respect of the chargeable development (Liability notice reference) would not put Richmond Council or

in breach of any part of Commission Regulation (EU) No 1407/2013 of 18 December 2013 on the application of Articles 107 and 108 of the Treaty on the Functioning of the European Union to *de minimis aid*.

I declare that the information given on this form and any supporting documents is correct. I authorise the Council to make any enquiries necessary to verify the information stated and understand that the Council reserves the right to request additional information to assess this application.

The Council's [Privacy Notice](#) provides a summary on how we use your information in order to fulfil our statutory responsibilities as a Local Authority.

'Chargeable development' for the purposes of this claim form has the same meaning as stated in the Protocol for Withdrawal of a Liability Notice and the CIL Regulations 2010 (as amended)

Name – Liable Party or Liable Party's authorised representative:

Date (dd/mm/yyyy):