COUNTY GOVERNMENT OF LAIKIPIA





DEPARTMENT OF LAND, INFRASTRUCTURE AND URBAN DEVELOPMENT PO BOX 1271 NANYUKI

Email: works@laikipiacounty.go.ke

FORM PLUPA/DC/1B THE PHYSICAL AND LAND USE PLANNING ACT (No. 13 of 2019)					
Regis	stered Number of Application				
	APPLICATION FOR DEVELOPMENT PERMISSION (BUILDING PLAN)				
ТО	County Executive Committee Member Department of Infrastructure, Land, Housing and Physical Planning County Government of Laikipia P.O. Box 1271 NANYUKI				
Note.	. —Ensure this form is duly filled before submission				
	<u>DEVELOPER /OWNER</u> hereby apply for permission to develop the land and/or building as described in this ication and on the attached plans and drawings.	ı			
Phon	ne NoP. O BOX Passport/ID No il Address				
Coor	dinates of Property/Plot (UTM)				
1. If applicant is not the owner, state interest in the land e.g. leasee, prospective purchaser, eand whether the consent of the owner to this application has been obtained.					
(a) L.	.R. or parcel No				
(b) R	oad, District and Town				
(c) A	Acreage				
	an application has been previously been submitted state the registered number of th	ıe			

SUBMITTING ARCHITECT					
From (NAME)					
Reg Architect(s) No					
E-mail					
Mobile No					
Passport/ID No					
P.O. Box					
Having duly been appointed as the Project Architect(s), I/We submit herewith Building Plans and particulars in a manner prescribed in the Physical and Land Use Planning Act that requires a Licensed Architect submits in accordance to Section 59 of the Act.					
 The following documents are some of the requirements for submission. Ownership documents (a certified copy of Title Deed or Certificate of Lease or other documents of ownership recognized under the laws of Kenya) Where an applicant is not the registered owner of the land, the written consent of the registered owner of that land Architectural drawings Structural drawings Architects practicing License Structural Engineers practicing License Up to date rates payment Survey Plan (Cadastral). Current Search Note.—Drawing and specifications must be prepared and signed by licensed professionals 					
DESCRIPTION OF PROJECT					
1. Location details					
(a) Municipality					
(b) Sub County					
(c) Ward					
(d) Name of Nearest Road/Street:					
(e) Name of Area/Estate:					
2. Plot L/R No					
3 Plot Size					

4. Land Tenure :-(Tick Appropriate Box)

c) Registered community landd) Share Certificate	d		
(Share certificate to be accompan	ied by):		
i. Sworn Affidavitii. Approved Sub Divisioniii. Beacon Certificate			
5. Conformity of building with ap	oroved land use and z	oning regulations	
(a) Current Land Use			
(b) Zone			
(c) Permitted Ground Coverage (%	%)		
(d) Permitted Plot Ratio (No)			
(e) Class of Building (tick √ where	applicable)		
CLASS OF BUILDING	DETAILS (No. of Ur	 nits, Rooms)	
Residential: Single Dwelling			
Residential: Multiple Dwelling			
Industrial			
Institutional			
Commercial			
Comprehensive			
Other (Specify)			
 (f) Water supply by (g) Method of Sewerage Disposal. 6. Number of dwellings/units with 7. Plinth Areas; (For fees calculations) swimming pools etc. 	n separate occupatior	 1	
	Existing M ²	New M ²	
Basement/s	-7/10 (11/1)	14044 141	
Ground Floor/s/			
Mezzanine Floor/s			
1st Floor			
2nd Floor			

a) Freeholdb) Leasehold

3rd Floor							
4 th Floor							
Others							
Total (Submissions)							
8. Estimated Co	ost of the Project						
9. Construction	Materials of Approved Standard and Specifications:						
a.	Foundation						
b.	b. External walls						
C.	c. Mortar						
d.	Roof cover						
e. Damp proof course							
f. Finishes							
10. In the event of the accompanying plans being required to be amended in any way in order that they may be approved by the County Government, I/We agree that for the purpose of Section 126(c) of the Public Health Act (Cap. 242) that the date of deposit shall be the date on which plans are re-deposited with the County after amendments have been satisfactorily made.							
I/we further confirm that all the information I/we have given is correct and all the documents provided are authentic.							
Name	DateDate						

SUBMITTED PLANS CIRCULATION SHEET

1.	<u>County Physical Planner</u> : Recommendations/Comments(Stamp, signature and seal)
2.	National Land Commission: Recommendations/Comments(Stamp, signature and seal)
3.	<u>County Surveyor</u> : Recommendation/Comments(Stamp and signature)
4.	<u>Public Health Officer</u> :Recommendations/Comments(Stamp and signature)
5.	<u>County Architect</u> : Recommendations/Comments(Stamp and signature)
6.	<u>Structural Engineering Office</u> : Recommendations/Comments(Stamp and signature)

COUNTY GOVERNMENT OF LAIKIPIA

DEPARTMENT OF INFRASTRUCTURE, LAND, HOUSING AND PHYSICAL PLANNING PO BOX 1271

NANYUKI

Email: works@laikipiacounty.go.ke BUILDING IDEMNITY FORM

(To be signed in triplicate)

We/I BoxBeing the CGL/C.O/Plot No	developer of proposed build	ding; Approved Plan Registration No					
Do hereby indemnify the County Government of Laikipia and County Engineer, County Physical Planner/County Works officer/County Architect approving the plan form any claims that might arise as a result of the above building construction during or after the construction including building collapse; injury or loss of life(s) as a result thereof.							
The approval of the architectural/structural drawings SHALL NOT relieve me and my structural engineers of full responsibility for errors or omissions in the design, which may subsequently be discovered. The County Government of Laikipia and inspectors shall be absolved from any negligence claims whatsoever.							
We/I shall maintain the services of a qualified and Registered Structural Engineer;							
EngineerRegistered Architect							
And experienced registered Contractor(s) N.C.A Category (M/S)							
We/I will also employ the services of an experienced and qualified Resident Engineer or Clerk of works (minimum qualification Diploma in Building Construction or equivalent) or General Foreman who is capable of reading the particulars of working drawings showing the details of the structural design and ensuring that the work is carried out in accordance therewith.							
Any changes in the Engineering Professionals involved in the said constructions shall be reported to the County Chief Officer –Land, Infrastructure and Urban Development immediately.							
We/I shall also ensure that material testing of all structural elements is done, concrete tests results (certified copies) shall be submitted to the County Chief Officer for further action.							
We/I understand that it is my duty to invite County Engineer to inspect the approved construction/ development.							
DeveloperS	igned	Date					
Architect	Signed	Date					
Structural	.Signed	Date					
The structural Engineer and Architect to attach their certified copies of Practicing Licenses.							
Accepted (Name)							
Signature	.Date						

COUNTY GOVERNMENT OF LAIKIPIA DEPARTMENT OF INFRASTRUCTURE , LAND, HOUSING AND PHYSICAL PLANNING PO BOX 1271 NANYUKI

Email: works@laikipiacounty.go.ke

FORM PLUPA/DC/1C

(r. 3(1)

THE PHYSICAL AND LAND USE PLANNING ACT (No. 13 of 2019)

APPLICATION FOR DEVELOPMENT PERMISSION (STRUCTURAL/CIVIL ENGINEERING DRAWINGS)

	Registered Number of Application										
App	Appendix B: Standard Certification by the Qualified Person for Structural Works.										
1.	In	accordance	with	Regulation	9	of	The	Building	Control	Regulation	s, I
				the	Qua	lified	Person	for struct	ural works	appointed	undei
sect	ion 8	(1) (a) or 11(1)	(d) (i) of	the Building C	ontro	ol Act.	, hereby	submit the	e detailed s	tructural pla	ns and
des	gn ca	lculations prep	pared by	me and certi	ify th	at the	ey have	been prep	pared in ac	cordance wi	th the
pro	/ision:	s of the Buildin	g Contro	Regulations, t	he Bu	uilding	g Contro	l Act and ar	ny other wri	tten law per	taining
to b	to buildings and construction for the time being in force.										
		er certify that			al pla	ans ar	nd desigi	n calculatic	ons are in re	eference to I	Projec
		umber of struc	•						tal number	of pages of	desigr
Qua	lified	Person for Stru	ıctural W	orks: Name				Date	2:		
Sia	natur	e and Stamn									

I hereby indemnify (having duly completed The Indemnity Form PLUPA/DC/....) The **County Government of Laikipia** from any claims that might arise during building construction or as a result of building collapse or loss of life