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**COUNTY GOVERNMENT  
OF KAJIADO**  
**KITENGELA MUNICIPALITY**  
P.O. BOX 11-01100 KAJIADO

Website: [www.kitengelamunicipality.or.ke](http://www.kitengelamunicipality.or.ke)

**FORM PLUPA/DC/1B**

**(r. 3(1))**

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

Registered Number of Application.....

**APPLICATION FOR DEVELOPMENT PERMISSION (BUILDING PLAN)**

**To the Directorate of Planning and Development Control  
Kitengela Municipality  
Kajiado County**

From.....

Reg Architect(s) No.....

E-mail.....

Mobile 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 Licenced Architect submits in accordance to Section 59 of the Act.

**Description of Project:**

(i) Location details

(a) Municipality .....

(b) Sub County .....

(c) Ward .....

(d) Name of Nearest Road/Street: .....

(e) Name of Area/Estate: .....

(ii) Plot L/R No.....

(iii) Plot Size.....

(iv) Land Tenure:-(Tick Appropriate Box)

- |                               |                          |
|-------------------------------|--------------------------|
| (a) Freehold                  | <input type="checkbox"/> |
| (b) Leasehold                 | <input type="checkbox"/> |
| (c) Registered community land | <input type="checkbox"/> |
| (d) Share Certificate         | <input type="checkbox"/> |

(Share certificate to be accompanied by):

- (i) Sworn Affidavit
- (ii) Approved Sub Division
- (iii) Beacon Certificate

(v) Conformity of building with approved land use and zoning regulations

- (a) Current Land Use.....
- (b) Zone.....
- (c) Permitted Ground Coverage (%) .....
- (d) Permitted Plot Ratio (No).....
- (e) Class of Building (tick  $\checkmark$  where applicable)

Residential:

- |                   |                          |                |
|-------------------|--------------------------|----------------|
| Single Dwelling   | <input type="checkbox"/> | Details: ..... |
| Multiple Dwelling | <input type="checkbox"/> | Details: ..... |
| Industrial        | <input type="checkbox"/> | Details: ..... |
| Institutional     | <input type="checkbox"/> | Details: ..... |
| Commercial        | <input type="checkbox"/> | Details: ..... |
| Comprehensive     | <input type="checkbox"/> | Details: ..... |
| Other (Specify)   | <input type="checkbox"/> | Details: ..... |

(f) Water supply by.....

(g) Method of Sewerage Disposal.....

(vi) (a) Number of dwellings/units with separate occupation.....

.....

(vii) Plinth Areas; (For fees calculations only) must include porches, veranda, balconies, garages, swimming pools etc.

<i>Development Level</i>	<i>Existing M<sup>2</sup></i>	<i>New M<sup>2</sup></i>
Basement/s		
Ground Floor/s		
Mezzanine Floor/s		
1st Floor		
2nd Floor		
3rd Floor		
4th Floor		
Others		
Total (Submissions)		

8. Estimated Cost of the Project.....

9. Construction Materials of Approved Standard and Specifications:

- (a) Foundation.....
- (b) External walls.....
- (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.