



COUNTY GOVERNMENT OF KAJIADO

TEL: 0708-299339, 020-2027061, 020-3043075

P. O. BOX 11-01100, **KAJIADO**

INDEMNITY FORM

Γο be signed by <u>ALL</u>	developers at	t submission o	f structural	designs and	d plans for	approva
(to be signed in dupl	'icate)					

I/ We, Mr /Mrs /Ms		
ID/P.P No of P.O. Box the developer of proposed		being
Reg. No	y the County Governn om any claims that m	in ment of Kajiado and the night arise as a result of
The approval of the structural drawings shall <u>N</u> full responsibility for errors or omissions in discovered. This County shall be absolved from a	the design, which	may subsequently be
I/ We shall maintain the services of a qu Registered A and experienced Contractor(s)	Architect	
I/ We shall also employ the services of an exper Works(minimum qualification Diploma in Build Foreman who is capable of reading the particulor structural design and ensuring that the work stipulated in clause 126 Building Code, the Loc Order 1968 and the Local Government (Adoptiv	ding Construction or lars of working drawi is carried out in accor cal Government (Ado	equivalent) or general ngs showing the details dance therewith and as ptive by-laws)(Building)
Any changes in the engineering professionals reported to the County Engineer immediately.	involved of the said	d construction shall be
I shall also ensure that materials testing of all stresults (certified copies) shall be submitted to the		
Owner	. Sign	Date
Architect	. Sign	. Date
Structural Engineer	Sian	Date