

**KENYA RURAL ROADS AUTHORITY**

Tel: 020-8013846,  
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Blue Shield Towers  
Hospital Road, Upper Hill  
P.O. Box 48151-00100,  
Nairobi, KENYA

**Your Ref:****Date:****ROADSIDE DEVELOPMENT APPLICATION FORM**

This form should be used when applying for:-

- Road cutting
- Access to a road
- Placing of signposts along the roadside
- Use of road reserve
- Any other activity that may interfere or alter the use of a road or road reserve

**APPLICANTS DETAILS**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Code \_\_\_\_\_

Telephone(Landline) \_\_\_\_\_ Cellular \_\_\_\_\_

**APPLICATION DETAILS**

Road Name: \_\_\_\_\_ Road No.: \_\_\_\_\_

Tick as Appropriate

Type of Application	
Road Cutting	
Access to a road	
Placing of signposts along the road	

Type of Application	
Use of road reserve	
Any other Activity	

**ATTACHMENTS**

List all attachments accompanying the application

(If the provided space is not sufficient, please use a separate sheet)

	Description of Attachment	Ref. No. on Attachment
1		
2		
3		
4		
5		

**Declaration**

I/We \_\_\_\_\_ declare that the above information is true to the best of our knowledge

Signature \_\_\_\_\_ ID No./Official Rubber Stamp \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_

Date Assigned: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**General Manager( Design & Construction)**

Approval Ref. No.: \_\_\_\_\_