

APPENDIX Maui-21

**Driveway Permit
County of Maui
Public Works Department
Development Services Administration Division (DSA)**

Permit Packet Includes:

1. Process Overview
2. Driveway Permit Application & instructions
3. Driveway Inspection Form
4. Driveway Site Distance Check Form
5. Driveway Hold Harmless Agreement Form

Resources:

- Maui County Code, Chap. 12.08

Approval or Permit Required: To construct, reconstruct, remove or repair any driveway on a County roadway.

Contact Information:

Department of Public Works
Development Services Administration
250 South High Street
Wailuku, HI 96793
Phone: 808-270-7242

Website:

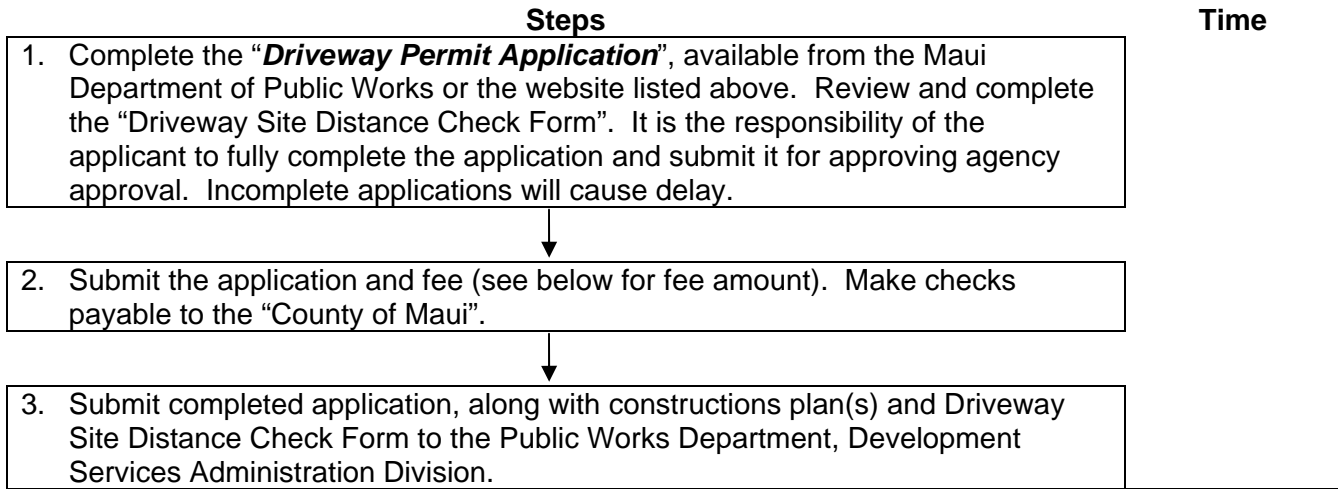
<http://www.co.maui.hi.us/index.aspx?nid=1222>

APPENDIX Maui-21

**Driveway Permit
County of Maui
Public Works Department
Development Services Administration Division (DSA)**

NOTE:

- Construction plans for the project connected to the proposed driveway must be complete before applying for a Driveway Permit.



Total Time Period: 7-60 days

*7 days from submission of complete application; 30-60 days for applications requiring processing of Hold Harmless Agreement for inadequate site distance

| Fees | Amount | Maximum |
|------------------------------|------------------------|----------------|
| Fee | | |
| - Residential | \$30 | \$30 |
| - Commercial | \$60 | \$60 |
| Public Hearing not required. | | |
| Total Fees: | \$30 or \$60 (minimum) | \$60 (maximum) |

COUNTY OF MAUI
Department of Public Works
Development Services Administration
Phone: 270-7242 FAX: 270-7972

APPLICATION AND PERMIT TO CONSTRUCT OR REPAIR A DRIVEWAY APRON

| | |
|---|---|
| Project Name _____ | TMK (2) _____ |
| Street Address of Property _____ | Building Permit Appl. # (if applicable) _____ |
| Application is to (select one) _____ Construct | _____ Reconstruct _____ Repair |
| The driveway apron will be _____ Feet wide by _____ Feet long | |
| The building is (select one) _____ New _____ Existing | |
| The driveway apron will be (select one) _____ Reinforced Concrete _____ Asphalt | |
| The property is a corner lot (select one) _____ Yes _____ No | |
| There is an existing driveway apron on the property (select one) _____ Yes _____ No | |
| If yes, the driveway apron is (select one) _____ Paved _____ Not paved | |

This permit will remain valid as long as the building permit is valid or will expire sixty (60) days from date of issuance.

I hereby certify that the information provided above is accurate to the best of my knowledge and that I will also fully comply with the provisions set forth in Chapter 12.08 of the Maui County Code and in accordance with the specifications and standards of the County of Maui. It is understood that no work is to be done without a driveway plan and a validated copy of this permit on the site.

Print Applicant Name _____ Signature _____

Mailing Address _____ Phone No. _____

If the applicant is a contractor,
Contractor Business Name and License Number _____

The permittee shall notify DSA at least two (2) days prior to commencing work by calling 270-7366.

The information below to be filled in by DSA

Permit Fee: \$ _____ Received By _____ Date _____

Remarks and Attachments:

Approved by _____ PERMIT NO. _____
Administrator, Development Services Administration Date of Issuance _____

COUNTY OF MAUI
Department of Public Works
Development Services Administration
Phone: 270-7242 FAX: 270-7972

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| The property is a corner lot (select one) _____ Yes | _____ No | |
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Print Applicant Name _____ Signature _____

Mailing Address _____ Phone No. _____

If the applicant is a contractor,
Contractor Business Name and License Number _____

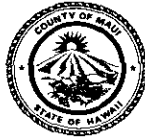
The permittee shall notify DSA at least two (2) days prior to commencing work by calling 270-7366.

The information below to be filled in by DSA

Permit Fee: \$ _____ Received By _____ Date _____

Remarks and Attachments:

Approved by _____ PERMIT NO. _____
Administrator, Development Services Administration Date of Issuance _____



Note to applicant: The building plans will not be able to be reviewed by DSA- Engineering for permit approval until this form is completed and approved. Please call Bert Ratte at 270-7242, should you have questions on completion of this form.

**DEPARTMENT OF PUBLIC WORKS
DEVELOPMENT SERVICES ADMINISTRATION**

DRIVEWAY SIGHT DISTANCE CHECK

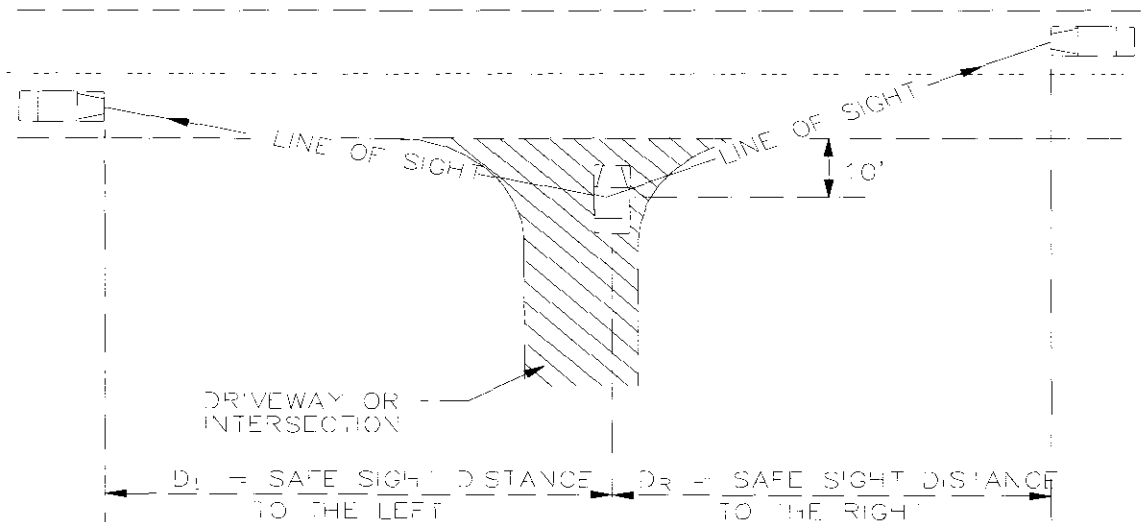
PROJECT NAME _____ TMK # (2) _____

BUILDING PERMIT APPLICATION (IF APPLICABLE) # _____

OWNER: _____

STREET ADDRESS OF PROPERTY: _____

CITY: _____ POSTED SPEED LIMIT: _____ MPH



WHEN MEASURING SIGHT DISTANCE, ASSUME THE DRIVER'S EYE LEVEL IS 3.5 FEET ABOVE THE GROUND AND APPROACH VEHICLES ARE 4 FEET HIGH

From your new / existing driveway location, what will be the available sight distance looking to the left and right?

$D_L =$ _____ feet

$D_R =$ _____ feet

I certify that the information provided above is accurate to the best of my knowledge.

Applicant's Signature _____ Date _____

Print Name _____

LAND COURT

REGULAR SYSTEM

RETURN BY: MAIL PICK UP TO:

DEVELOPMENT SERVICES ADMINISTRATION
COUNTY OF MAUI
200 S HIGH ST
WAILUKU HI 96793

S:\CLERICAL\NNG\PWM\Master Templates\Hold Harmless Drvwy (rev 080108).doc

Tax Map Key No.: (2) _____
Subdivision File No. _____

Total Number of Pages: _____

HOLD-HARMLESS AGREEMENT

Chapter 12.08 of the Maui County Code, as well as the national standards, specifications, and requirements used in applying the provisions of Chapter 12.08, require that driveways in the County of Maui have specified sight distance. The undersigned owner(s) of the property located at TMK: _____ ("subject property") hereby acknowledge(s) and agree(s) that the subject property does not meet the specified sight distance requirements for its driveway as required by Chapter 12.08. As a condition to, and in consideration of, the County's granting of a driveway and/or building permit for the subject property, the undersigned hereby agree(s) to indemnify, defend and hold the County of Maui, its employees, officers, agents and assigns harmless from and against any claim or demand for loss, liability or damage, including, but not limited to, claims for

property damage, personal injury or death, arising out of any accident, incident or occurrence on the subject property, and any sidewalks and roadways adjacent thereto, or occasioned by any act or nuisance made or suffered on the subject property, and from and against all action, suits, damages, and claims by whomsoever brought or made alleged to have been caused by inadequate sight distance of the driveway.

The undersigned further expressly acknowledge(s) and agree(s) that this Agreement shall run with the land and shall bind and constitute notice to all subsequent grantees, mortgagees, lienors, and any other person or entity who claims an interest in the subject property.

This Agreement may be executed in counterparts, each of which shall be deemed an original, and said counterparts shall together constitute one and the same Agreement.

IN WITNESS WHEREOF, the Parties hereto have caused this instrument to be duly executed on the day and year first indicated above.

PROPERTY OWNER:

For Individual Use Only

Signature: _____

Print Name: _____

Signature: _____

Print Name: _____

OR

**For Trust/Corporation/
Partnership/Company Use
only**

(Print Name of Trust/Corporation/Partnership/
Company)

By _____
(Signature)

Print Name: _____

Its _____
(Title)

By _____
(Signature)

Print Name: _____

Its _____
(Title)

COUNTY OF MAUI

By: _____
Charmaine Tavares
Its: Mayor

APPROVED AS TO FORM
AND LEGALITY

Deputy Corporation Counsel
County of Maui

STATE OF HAWAII)
)
COUNTY OF MAUI) SS.

On this ____ day of _____, 20__, before me appeared CHARMAINE TAVARES, to me personally known, who being by me duly sworn did say that she is the Mayor of the County of Maui, a political subdivision of the State of Hawaii, and that the seal affixed to the foregoing instrument is the lawful seal of the said County of Maui, and that the said instrument was signed and sealed on behalf of said County of Maui by authority of its Charter, and the said CHARMAINE TAVARES acknowledged the said instrument to be the free act and deed of said County of Maui.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

[Stamp or Seal]

Notary Public, State of Hawaii

Printed Name: _____

My Commission Expires: _____

| NOTARY PUBLIC CERTIFICATION | |
|--|-------------------------|
| Doc. Date: _____ | # Pages: _____ |
| Notary Name: _____ | Judicial Circuit: _____ |
| Doc. Description: _____ _____ _____ _____ | |
| [Stamp or Seal] | |
| Notary Signature: _____ | |
| Date: _____ | |

STATE OF HAWAII)
)
COUNTY OF MAUI) SS.

On this _____ day of _____, 20____, before me personally appeared _____, to me personally known, who, being by me duly sworn or affirmed, did say that such person(s) executed the foregoing instrument as the free act and deed of such person(s), and if applicable in the capacities shown, having been duly authorized to execute such instrument in such capacities.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

[Stamp or Seal]

Notary Public, State of Hawaii

Printed Name: _____

My Commission Expires: _____

| NOTARY PUBLIC CERTIFICATION | |
|--|-------------------------|
| Doc. Date: _____ | # Pages: _____ |
| Notary Name: _____ | Judicial Circuit: _____ |
| Doc. Description: _____ _____ _____ _____ | [Stamp or Seal] |
| Notary Signature: _____ | |
| Date: _____ | |

STATE OF HAWAII)
)
COUNTY OF MAUI) SS.

On this _____ day of _____, 20____, before me personally appeared _____, to me personally known, who, being by me duly sworn or affirmed, did say that such person(s) executed the foregoing instrument as the free act and deed of such person(s), and if applicable in the capacities shown, having been duly authorized to execute such instrument in such capacities.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

[Stamp or Seal]

Notary Public, State of Hawaii

Printed Name: _____

My Commission Expires: _____

| NOTARY PUBLIC CERTIFICATION | |
|--|-------------------------|
| Doc. Date: _____ | # Pages: _____ |
| Notary Name: _____ | Judicial Circuit: _____ |
| Doc. Description: _____ _____ _____ _____ | [Stamp or Seal] |
| Notary Signature: _____ | |
| Date: _____ | |