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.

<table>
<thead>
<tr>
<th>Steps</th>
<th>Time</th>
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<tbody>
<tr>
<td>1. Complete the “Driveway Permit Application”, available from the Maui Department of Public Works or the website listed above. Review and complete the “Driveway Site Distance Check Form”. It is the responsibility of the applicant to fully complete the application and submit it for approving agency approval. Incomplete applications will cause delay.</td>
<td></td>
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<tr>
<td>2. Submit the application and fee (see below for fee amount). Make checks payable to the “County of Maui”.</td>
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</tbody>
</table>
| 3. Submit completed application, along with constructions plan(s) and Driveway Site Distance Check Form to the Public Works Department, Development Services Administration Division. | 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

<table>
<thead>
<tr>
<th>Fees</th>
<th>Amount</th>
<th>Maximum</th>
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</thead>
<tbody>
<tr>
<td>Fee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Residential</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td>- Commercial</td>
<td>$60</td>
<td>$60</td>
</tr>
<tr>
<td>Public Hearing not required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Fees:</td>
<td>$30 or $60 (minimum)</td>
<td>$60 (maximum)</td>
</tr>
</tbody>
</table>
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
The driveway apron will be
The building is (select one)

_____ Feet wide by _____ Feet long
___ New
___ Existing
___ Reinforced Concrete ___ Asphalt
___ Yes
___ No
___ Yes
___ No
___ 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 ____________________________
Administrator, Development Services Administration

PERMIT NO. ______________ Date of issuance ____________

Revised 09/2003
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
The driveway apron will be
The building is (select one)
The driveway apron will be (select one)
The property is a corner lot (select one)
There is an existing driveway apron on the property (select one)
If yes, the driveway apron is (select one)

_____ Reconstruct  ______ Repair
_____ Feet wide by  ____ Feet long
_____ New  ______ Existing
_____ Reinforced Concrete  _____ Asphalt
_____ Yes  _____ No
_____ Yes  _____ No
_____ 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 __________

Revised 09/2003
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

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

\[ D_L = \text{feet} \quad \quad \quad D_R = \text{feet} \]

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

Applicant’s Signature ___________________________ Date __________

Print Name ___________________________
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
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 )

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.

____________________________________
Notary Public, State of Hawaii

[Stamp or Seal]

Printed Name: ____________________________
My Commission Expires: ____________________

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<tr>
<th>NOTARY PUBLIC CERTIFICATION</th>
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<tbody>
<tr>
<td>Doc. Date:</td>
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<tr>
<td>Notary Name:</td>
</tr>
<tr>
<td>Doc. Description:</td>
</tr>
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<td>____________________________</td>
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<td>____________________________</td>
</tr>
<tr>
<td>Notary Signature:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>
STATE OF HAWAII  
COUNTY OF MAUI

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: ____________________

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NOTARY PUBLIC CERTIFICATION

Doc. Date: ____________________________ # Pages: ____________________________
Notary Name: ____________________________ Judicial Circuit: ____________________________
Doc. Description: ____________________________

[Stamp or Seal]
Notary Signature: ____________________________
Date: ____________________________

- 5 -
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.

____________________________
Notary Public, State of Hawaii

[Stamp or Seal]

Printed Name: _______________________
My Commission Expires: ________________