

## APPENDIX Maui-25

**Perform Work on County Highway Permit  
County of Maui  
Public Works Department  
Development Services Administration Division (DSA)**

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**Permit Packet Includes:**

1. Process Overview
2. Application for Permit to Perform Work on a County Highway Application & instructions

**Resources:**

- Maui County Code, Chap. 12.04

**Approval or Permit Required:** To perform work on County highways when a County roadway will be dug up, undermined, broken up, or disturbed in any way.

**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=1272>

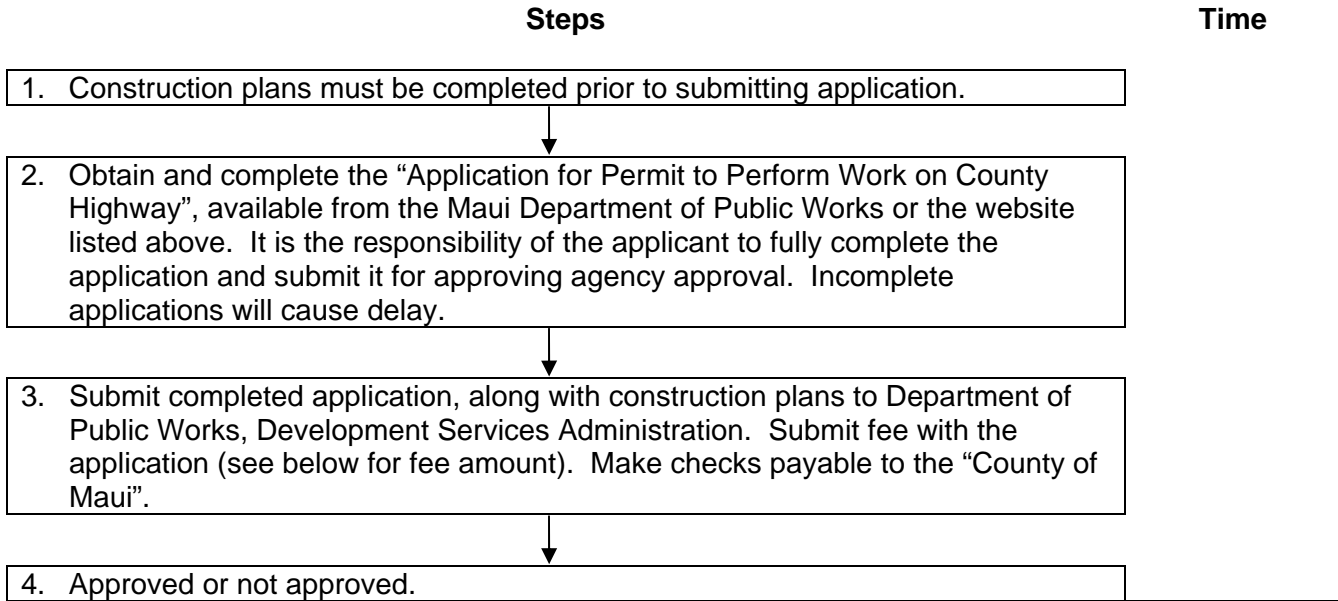
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**NOTE:**

- Permit expires one year after issuance.



**Total Time Period: 3-6 months**

Fees	Amount	Maximum
Fee varies depending on scope of project.	Begins at \$450	
Public Hearing not required.		
Total Fees:	\$450 (minimum)	No maximum

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

**APPLICATION FOR PERMIT TO PERFORM WORK UPON COUNTY HIGHWAY**

Project Name \_\_\_\_\_ TMK: (2) \_\_\_\_\_

Name of Highway \_\_\_\_\_

Work to be done \_\_\_\_\_

**CLEARANCES FOR PERMIT**

\_\_\_\_\_ Date \_\_\_\_\_ Gas Company

If roadway is to be closed, public will be informed by:

\_\_\_\_\_ Press \_\_\_\_\_ Radio \_\_\_\_\_ Both

\_\_\_\_\_ Date \_\_\_\_\_ Department of Water Supply

Estimated Dates:

\_\_\_\_\_ Start \_\_\_\_\_ Completion

\_\_\_\_\_ Date \_\_\_\_\_ Telephone Company

Total lineal feet of work on the County Highway  
(including paving, trenching and widening):

\_\_\_\_\_ Date \_\_\_\_\_ Electric Company

\_\_\_\_\_ LF

\_\_\_\_\_ Date \_\_\_\_\_ Wastewater Reclamation Division

\_\_\_\_\_ Date \_\_\_\_\_ Cable Company

\_\_\_\_\_ Date \_\_\_\_\_ County Department of Transportation

Remarks \_\_\_\_\_

**INFORMATION FOR APPLICANT:**

1. This permit expires one year from the date of issuance.
2. The permittee shall notify DSA at least two (2) days prior to commencing work by calling 270-7366.
3. Work shall only occur at the locations specified within this permit and at no other place in conformity with the statutes, ordinances, specification and directions of the Director or Public Works or his authorized representative.
4. Inconsideration of a permit being issued to the applicant, the applicant hereby agrees as follows:
  - a. To undertake for a period of one (1) year after the satisfactory completion of such work, any necessary repairs to highway facilities disturbed and/or caused by the work performed under said permit.
  - b. To protect, defend, indemnify and save harmless, the County of Maui and its agents and representatives, against any claim, liability, suit or action of every manner and description, for any injury to or death of persons or for property damage, whenever such injury, death or damage shall be inflicted or caused by him, his agents, contractors or representatives in connection with the work covered by said permit.
  - c. To perform all construction work according to the applicable sections of the latest version of the Hawaii Standard Specifications for Road and Bridge Construction
5. Applicant shall comply with the latest version of the "Construction Notes Within County Right-of-Way" on file with the department.

THE APPLICANT HEREBY FURTHER AGREES THAT ALL AGREEMENTS HEREIN SHALL BE BINDING UPON HIM, HIS HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, CONTRACTORS AND ASSIGNS.

Print Applicant Name \_\_\_\_\_ Signature \_\_\_\_\_

Company Name and License Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone No. \_\_\_\_\_

The information below to be filled in by DSA

Permit Fee Amount \$ \_\_\_\_\_ Date & Received By \_\_\_\_\_

Bond Received: Type:  Cash  Surety  Exempt

Amount \$ \_\_\_\_\_ Company \_\_\_\_\_ Bond No. \_\_\_\_\_

**REMARKS AND ATTACHMENTS:**

PERMIT NO. \_\_\_\_\_

Approved by \_\_\_\_\_  
 Administrator, Development Services Administration

Date of Issuance \_\_\_\_\_