



COUNTY OF MAUI
DEPARTMENT OF PLANNING
 2200 MAIN STREET, SUITE 315
 WAILUKU, HAWAII 96793
 Telephone: (808) 270-7735
 Facsimile: (808) 270-7634
 E-mail: planning@mauicounty.gov

APPEAL APPLICATION (NOTICE OF APPEAL)
STANDARDS, PROCEDURES & REQUIREMENTS

SOURCE OF LEGAL AUTHORITY

- Revised Charter of the County of Maui (1983), as amended
- Rules of Practice and Procedure of the Board of Variances and Appeals
- Maui County Code (MCC)

APPEAL STANDARDS

The Board of Variances and Appeals (Board) shall hear and determine appeals alleging error from any person aggrieved by a decision or order of any department charged with the enforcement of zoning, subdivision, or building ordinances which is within the jurisdiction of the Board. An appeal may be granted only if the Board finds **one** of the following:

1. That the subject decision or order was based on an erroneous finding of a material fact or erroneously applied the law;
2. That the subject decision or order was arbitrary and capricious in its application; or
3. That the subject decision or order was a manifest abuse of discretion.

APPEAL DEADLINES

An appeal permitted by law from the decision or order of any department to the Board may be taken by the filing of a notice of appeal, along with the applicable processing fee, within the time period specified by law. The notice of appeal shall be filed not later than 15-30 days after the date of the written decision or order from which appeal is sought. The following deadlines apply:

APPLICABLE MCC TITLE OR CHAPTER	DEPARTMENT	APPEAL DEADLINE
Chapter 5.24 (Ocean Recreational Activity Business Permits)	Finance	30 days
Title 12 (Streets, Sidewalks and Public Places)	Public Works	30 days
Title 13 (Parks and Recreation)	Parks and Recreation	30 days
Title 14 (Public Services) ***Pertaining to Subdivisions Only***	Water	15 days
Title 16 (Buildings and Construction)	Public Works	30 days
Title 18 (Subdivisions) Decision and Order	Public Works	15 days
Title 19 (Zoning)	Planning	30 days



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APPLICATION PROCEDURES

Please submit **one (1) original plus 15 copies** of the following documents, **including an electronic copy in PDF format of the full application packet on a compact disk or flash drive**. Upon receipt, the Department of Planning shall schedule a meeting date on the agenda of the Board, provided that the application is deemed complete. Incomplete applications will be returned with a statement identifying the reason(s), with an opportunity to resubmit a completed application, along with a motion to request a time extension for filing (an untimely) notice of appeal, if applicable.

APPLICATION REQUIREMENTS

- Completed and signed application (Notice of Appeal). (Form 1)

*Application shall be signed by **ALL** of the subject property owners, if applicable. A(n) additional signature page(s) may be added if needed.*

Fillable PDF versions of this application are available online at the Department's website (www.mauicounty.gov). (Home > Departments > Planning Department > Development Permits, Applications & Reviews > Variances & Appeals > Board of Variances & Appeals)

- A written analysis by the aggrieved person justifying the appeal. (Form 2)

- A copy of the order or decision appealed from.

- Documents which identify the owner(s) of the subject property.

If the Applicant is not the owner, provide a signed and notarized letter from the owner, authorizing the appeal.

If the applicant/owner wishes to designate a representative, provide a signed and notarized letter authorizing said representation.

- A location map on an 8½"x11" sheet of paper, identifying the site, adjacent roadways, and identifying landmarks.

- Proof that service of the subject application was made on all parties to the appeal. (Form 3)

Said proof of service may be submitted within seven (7) days after the filing of the notice of appeal. Failure to provide proof of service may result in an incomplete application, thus the forfeiture of your right to appeal.

The Applicant/Appellant is required to serve a file marked copy of the Notice of Appeal, by certified mail or hand-delivery, to the Department of Corporation Counsel, in addition to the Department being appealed from.

- Non-refundable filing fee (see [Fee Schedule - Table A](#)), payable to County of Maui, Director of Finance.

APPEAL APPLICATION
(NOTICE OF APPEAL)

Applicant/Appellant's Name:			
Telephone No:		E-mail:	
Mailing Address:			
Applicant/Appellant's interest, if not owner:			
Owner's Name:			
Telephone No:		E-mail:	
Mailing Address:			
Project Name:		TMK:	
Street Address:			
Applicable Ordinance(s), Rule(s), or Regulation(s) and Section(s):			
Nature of appeal (description of the facts material in consideration of the appeal presented, the alleged error committed by the agency, and any relevant statutes, ordinances, or administrative rules pertaining to the matter under appeal):			

Applicant's Signature

Date

JUSTIFICATION FOR APPEAL

An appeal may be granted only if the Board finds one of the following:

1. That subject decision or order was based on an erroneous finding of material fact or erroneously applied to the law.
2. That the subject decision or order was arbitrary or capricious in its application.
3. That the subject decision or order was a clearly unwarranted abuse of discretion.

Applicant's Signature

Date

(FORM 2)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the preceding document was submitted to the Department of Planning, and was served on the date indicated below upon the following Departments by hand-delivery and/or certified mail (check boxes that apply).

	<u>US MAIL</u>	<u>PERSONAL DELIVERY</u>	<u>FACSIMILE</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Appellee - Director's Name)			

(Department)			

(Department's Address)			

Certified Receipt No: _____

	<u>US MAIL</u>	<u>PERSONAL DELIVERY</u>	<u>FACSIMILE</u>
Department of Corporation Counsel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County of Maui			
200 South High Street, 3 rd Floor			
Wailuku, Hawaii 96793			

Certified Receipt No: _____

Dated at _____ , _____ , _____ , this _____ day of _____ , 20 ____ .

(City) (Island) (State)

(Month)

(Applicant/Appellant's Signature)

(Applicant/Appellant's Name—Print)

(FORM 3)