

**COUNTY OF MAUI**  
**Department of Public Works**  
**Development Services Administration**  
**250 South High Street**  
**Wailuku, Hawaii 96793**



No. \_\_\_\_\_  
Fee \_\_\_\_\_  
Date \_\_\_\_\_  
Approved \_\_\_\_\_

**MISCELLANEOUS INSPECTIONS**

I hereby request special inspections for:

Building - \$68.00

Electrical - \$60.00

Plumbing - \$60.00

Name or Description of Structure: \_\_\_\_\_

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

TMK: (2) \_\_\_\_\_

Legal Owner: \_\_\_\_\_

Tenant/Lessee: \_\_\_\_\_

Purpose:

- |  |   |
|--|---|
| <input type="checkbox"/> Liquor License requirement  | <input type="checkbox"/> State Department of Health Licensing of Adult Residential Care Homes or Special Treatment Facility<br><b><i>*Provide copy of state application or license.</i></b>             |
| <input type="checkbox"/> H.R.S. Section 514B-84(a)(2) compliance                               | <input type="checkbox"/> State Department of Human Services Licensing of Foster Child Care Institutions and Adult or Child Care Centers<br><b><i>*Provide copy of state application or license.</i></b> |
| <input type="checkbox"/> Short Term Rentals  |   |
| <input type="checkbox"/> Bed and Breakfast   | <input type="checkbox"/> Homeowners Insurance   |
| <input type="checkbox"/> Finalize Permit<br>Building Permit # _____<br>Plumbing Permit # _____ | Electrical Permit # _____<br>Gas Permit # _____   |

Other, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: Inspector, please call \_\_\_\_\_ to arrange for inspections.

Owner/Lessee (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Owner/Lessee (Signature) \_\_\_\_\_ Phone No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

For Office Use Only:	
<input type="checkbox"/>	DSA Plans Examiners
<input type="checkbox"/>	DSA Subdivision Office
<input type="checkbox"/>	DSA Engineering