

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 - \$60.00 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 <i>*Provide copy of state application or license.</i> |
| <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 <i>*Provide copy of state application or license.</i> |
| <input type="checkbox"/> Short Term Rentals | |
| <input type="checkbox"/> Bed and Breakfast | <input type="checkbox"/> Homeowners Insurance |
| <input type="checkbox"/> Finalize Permit Building Permit # _____ Plumbing Permit # _____ | Electrical Permit # _____ 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 |