

County of Maui
Department of Public Works
Development Services Administration
BUILDING PERMITS TRANSMITTAL FORM

Completed form should be attached to ALL revisions, incomplete forms may delay the processing of your permit.

Contact Name _____ Date _____

Phone _____ Email _____

Building Permit Application Number(s) **BT** _____

Details of Revisions

Replacing entire plan set will require 8 complete plan sets for re-routing to ALL agencies

Page numbers of the pages revised: _____

Page numbers of the pages added: _____

Page numbers of the pages removed: _____

Please return one copy of each page removed along with the revisions

Department and reviewer name the revision should be routed to

If you are not sure which department the revision is for, please call the building permits office

Building Plans Review _____

Civil Engineering Department _____

Planning Department _____

Water Department _____

Wastewater Department _____

Fire Department _____

Health Department _____

Other _____

Other information to help process the revision

