



PLUMBING INSPECTION REQUEST FORM
 COUNTY OF MAUI
 DEPARTMENT OF PUBLIC WORKS
 DEVELOPMENT SERVICES ADMINISTRATION
 110 ALAIHI STREET, SUITE 203
 KAHULUI, HAWAII 96732
 (808) 270-7368
 dsa.plumbing@mauicounty.gov

PROJECT OWNER/TENANT/BUSINESS _____

PROJECT ADDRESS _____

TMK _____ **DISTRICT** _____

Licensed Plumbing Contractor Signature _____
 Licensee or Responsible Managing Employee _____
 Licensed Trade Name or Business Name _____

Printed Name _____

Project Contact Person, Name and Phone Number: _____

Plumbing Permit No. _____ **Requested Inspection Date:** _____

Comments: _____

REQUESTED INSPECTION TYPE (Check all boxes applicable to requested inspection)

ROUGH-IN PARTLY

- in Trench
- in Slab or Foundation
- in Walls, Ceilings or Roof
- Swimming Pool/Spa
- Irrigation System or Landscape
- Sewer/Water Main on Site

ROUGH-IN COMPLETE

- Rough in complete

SOLAR WATER HEATER

- Solar Water Heater

FINAL

- Final

REINSPECTION (Inspection to Confirm Previous Deficiencies Have Been Corrected)

- Reinspection (indicate type of Inspection to be rechecked _____)

- \$57.00 Reinspection fee submitted