

**COUNTY OF MAUI**  
**Department of Public Works**  
**Development Services Administration**  
**110 Ala'ihī Street, Suite 203**  
**Kahului, Hawaii 96732**

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

**MISCELLANEOUS INSPECTIONS**

I hereby request special inspections for:

Building - \$68.00

Electrical - \$68.00

Plumbing - \$68.00

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

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

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

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

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

Purpose:

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

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:

DSA Plans Examiners

DSA Subdivision Office

DSA Engineering