

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 - \$68.00

Plumbing - \$68.00

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