PLUMBING INSPECTION REQUEST FORM

COUNTY OF MAUI
DEPARTMENT OF PUBLIC WORKS
DEVELOPMENT SERVICES ADMINISTRATION
86 WEST KAMEHAMEHA AVENUE
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