



BUILDING INSPECTION REQUEST FORM
COUNTY OF MAUI
DEPARTMENT OF PUBLIC WORKS
DEVELOPMENT SERVICES ADMINISTRATION
86 WEST KAMEHAMEHA AVENUE
KAHULUI, HAWAII 96732
FAX: (808) 270-7489
EMAIL: DSA.BUILDING@MAUICOUNTY.GOV

PROJECT ADDRESS: _____

CITY/TOWN: _____

TAX MAP KEY (TMK): (2) _____

PROJECT CONTACT PERSON: _____

PROJECT CONTACT PHONE #: _____

BUILDING PERMIT #'(s): _____

INSPECTION REQUESTED TO BE HELD ON THE FOLLOWING DATE: _____

GATE CODE / LOCK BOX CODE (IF APPLICABLE): _____

COMMENTS: _____

REQUESTED INSPECTION TYPE

- FOUNDATION
- FRAMING
- DRYWALL
- FINAL
- REINSPECTION
- MISCELLANEOUS
- FINALIZE BUILDING PERMIT

TO SUBMIT REQUEST FORM:

1. Deliver by Hand: 86 W. Kamehameha Avenue: 7am-4pm
2. Send via Fax: 808-270-7489
3. Send via Email: Fill Form & Save Form for Your Records
Send as Attachment to:
DSA.Building@MauiCounty.gov