



HOME INSPECTION REQUEST INSTRUCTIONS

General Notes:

- Use this application for any residential home inspection request. **DO NOT** use this form for commercial building inspection requests.
- This completed form can be *mailed, faxed, or emailed* to Howard County Department of Fire and Rescue Services, Office of the Fire Marshal. (see page 2).

Proposed Use:

- Indicate the intended occupancy classification and total number of persons if applicable. This will let the inspector know the necessary inspection requirements.

Section A:

- This section must be completed by the agency requesting an inspection for adoption or foster care.

Section B:

- This is information on the home to be inspected. Please note any special instructions or additional information.

Section C:

- Indicate if this is an initial or renewal inspection for foster care only. Indicate the deadline for the inspection. Please note that a minimum of 14 working days are required to schedule the inspection.
- You will receive an invoice in the mail (in about 30 days after the completion of the fire inspection) for an inspection fee of \$75.00 for all initial inspections and \$50.00 for all renewal inspections.
- If any violations are noted, a re-inspection may be necessary.
- The homeowner will receive a copy of the fire inspection report via email. It will be the homeowner's responsibility to forward a copy to the requesting agency.
- **Please Do Not Call the Fire Marshal's office**, a fire inspector will call to schedule an appointment for the inspection.

Bottom Section:

- If applicable, this section will be completed by the case worker for foster care.



HOME INSPECTION REQUEST

To: Howard County Department of Fire & Rescue
ATTN: Roberta Kelly - Office of the Fire Marshal
2201 Warwick Way
Marriottsville, MD 21104

Phone: 410-313-6040
Fax: 410-313-6066
Email: rkelly@howardcountymd.gov

Proposed Use **Child Foster Care** for _____ person(s) **Adult Foster Care** for _____ person(s)
 Adoption _____ person(s) **Home Safety Inspection** _____

*** NOTE: You will receive an invoice via US mail for an inspection fee of \$75.00 for all initial inspections and \$50.00 for all renewal inspections. The Fire Marshal's office will call to schedule an appointment for the inspection. PLEASE DO NOT MAIL YOUR CHECK WITH THIS FORM.**

Section A: Requesting Agency for Foster Care or Adoption Inspection

| | | |
|----------------------------|--------------------|---------------------|
| Name of Requestor: | | Date of Request: |
| Requesting Agency Name: | | Email of Requestor: |
| Requesting Agency Address: | | |
| City/Town & State: | | Zip Code: |
| Agency Telephone Number: | Agency Fax Number: | |

Section B: Residence to be Inspected Information

| | | |
|-----------------------|-------------|------------------------------------|
| Resident(s) Name: | | |
| Address: | | |
| City/Town & State: | Zip Code: | County: |
| Home Phone: | Work Phone: | Other Phone: (specify, cell, etc.) |
| Special Instructions: | | |

Section C: Inspection Type

Initial Inspection _____ Renewal Inspection _____ Due Date _____

_____ Home approved _____ Violations noted on attached Inspection sheet

Signature of Inspector: _____ ID# _____ Date: _____

I certify the violations as noted on the attached inspection sheet have been corrected.

Signature of Case Worker: _____ Date: _____

