



HOME INSPECTION REQUEST INSTRUCTIONS

General Notes:

- Use this application for any residential inspection request. **DO NOT use this form for commercial building inspection requests.**
- This completed form must be *mailed* or *faxed* to Howard County Department of Fire and Rescue, Office of the Fire Marshal. The online form is under construction.

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. Indicate the deadline for the inspection. Please note that a minimum of 10 working days is required to complete the inspection.
- An inspector will call the requestor to schedule an inspection. If any violations are noted, a re-inspection may be necessary.
- The resident will receive a copy of the request form and the inspection form. The resident will also receive a copy of the forms to deliver to the agency that requested the inspection (Adoption, Foster Care).

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
Office of the Fire Marshal
6751 Columbia Gateway Drive
Columbia, MD. 21046-2164

Phone: 410-313-6040
Fax: 410-313-6066
E-mail howardfirecode@co.ho.md.us

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

Section A: Requesting Agency for Foster Care or Adoption Inspection

Name of Requestor:	Date of Request:
Requesting Agency:	E-Mail of Agency:
Agency Address:	
City/Town:	Zip Code:
Agency Telephone Number:	

Section B: Residence

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

Section C: Inspection Type

Initial Inspection ____ Renewal Inspection ____ Due Date _____

NOTE: The Office of the Fire Marshal will call to make an appointment for the inspection.



____ 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: _____