

Building Address: 2145 Mount View Rd
Marristowne Md 21104

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: 16 Parcel: 379 Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD

Proposed Use: SFD

Estimated Construction Cost: \$ _____

Description of Work: Fire restoration of
bdg to its original state.
No addition to bldg

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Judith & Robert Brust

Address: 2145 Mount View Rd

City: Marristowne State: Md Zip Code: 21104

Home Phone: 410-480-2476 Work Phone: _____

Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: Tradition Home Bldgs Inc

Contact Person: Steven Leat

Address: 15084 Bushy Park Rd

City: Wheaton State: Md Zip Code: 21197

License No.: _____

Phone: 410-489-6145 Fax: 410-489-6215

Email: leat.homes@msn.com

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input checked="" type="checkbox"/> Public
1 st floor:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Steven Leat
 Applicant's Signature

leat.homes@msn.com
 Email Address

President
 Title/Company

Steven Leat
 Print Name

11-14-11
 Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

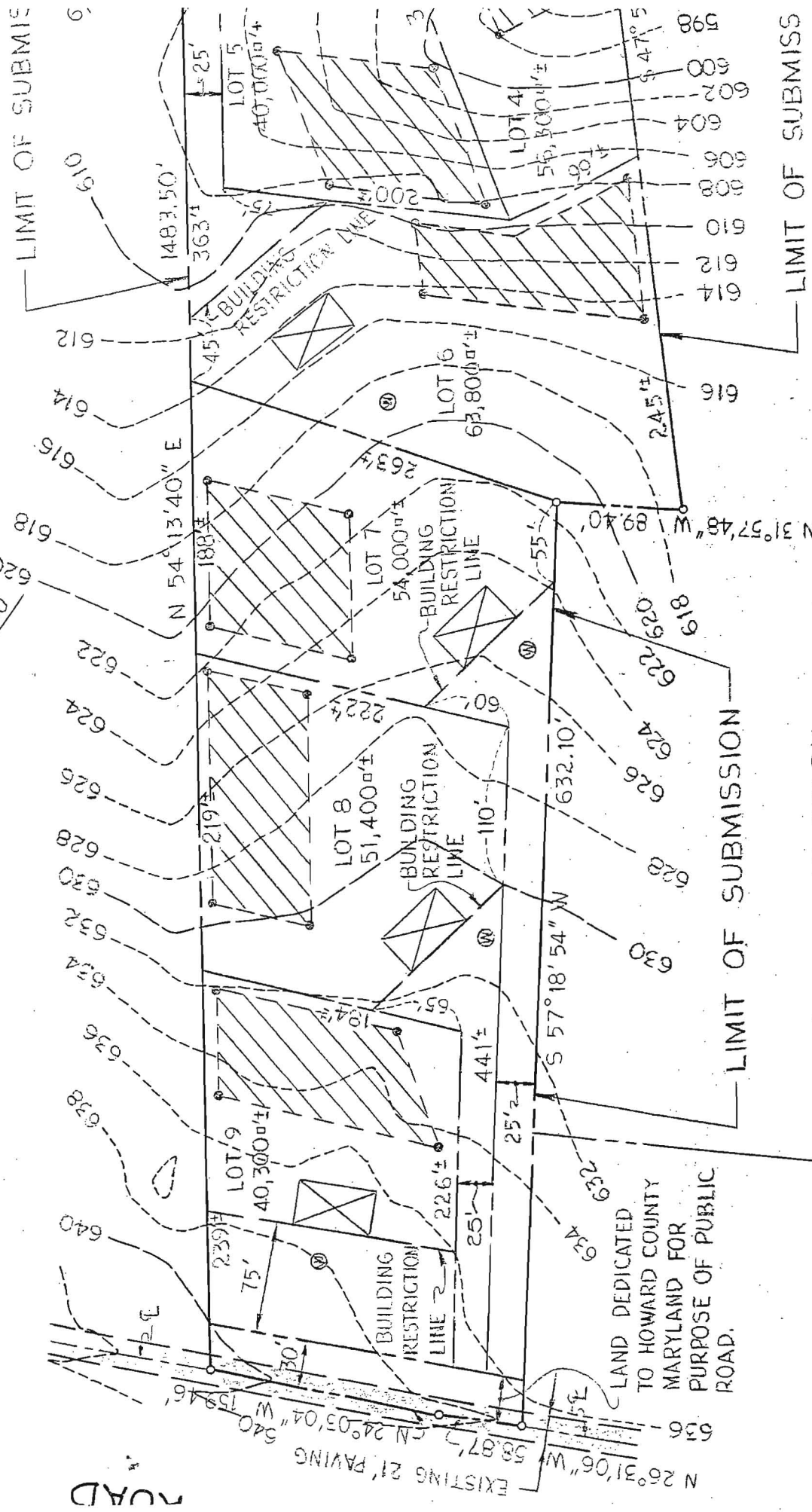
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>11-14-11</u>	<u>Wendy Satt</u>
Fire Protection		

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

150/491

N 11,000



DAVID G. ELLERS
468/261

ALONZE W. SELBY
479/631

APPROVED

WALKTHRU BUILDING PERMIT
BP# A# 19869

lot 9

DATE: 11-14-11 2:45 Mt.

DESC. OF WORK: fire restoration of View Rd.

SFD



Howard County

Internal Memorandum

**SUBJECT: NOTIFICATION OF POSTING
UNSAFE STRUCTURE**

Chief (FAX 410-313-3298)
Plan Review Division
Department of Inspections, Licenses, and Permits

Supervisor, Building Inspections (FAX 410-313-1861)
Department of Inspections, Licenses, and Permits

Assessor (FAX 410-480-7960)
State Dept. of Assessments and Taxation

Deputy Chief (FAX 410-313-6066)
Bureau of Life Safety

Administrator (FAX 410-313-3297)
Howard County Council

Assistant Director (FAX 410-313-2648)
Bureau of Environmental Health

Date:

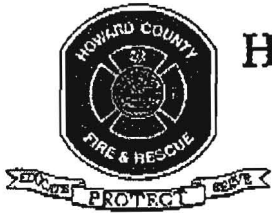
As a result of an emergency incident, the following building/structure was posted as unsafe by Fire & Rescue Services:

ADDRESS OF INCIDENT:		2145 2157 Mt. View Road
O W N E R	NAME:	ROBERT & JUDY BRUST
	ADDRESS:	2145 Mt. View Rd
	PHONE:	443 831 1792
POSTING DATE:		8/15/11
DESCRIPTION OF DAMAGE:		Extensive Fire

DC William Robinson

[Name of Posting Individual]

Issue Date: 11/22/04



HOWARD COUNTY DEPARTMENT OF FIRE AND RESCUE SERVICES

6751 Columbia Gateway Drive, Suite 400, Columbia, Maryland 21046
410-313-6000 • www.hcdfrs.org

William F. Goddard, III, Fire Chief

Ken Ulman, County Executive

For the owner or occupant

This building was posted by the fire department as being unfit for occupancy or habitation for the following reason(s):

Nature of Posting	Reason(s) building was posted
Structural	Supporting structure damaged by fire
Fire	Extensive damage to main body of house
Electrical	Services shut off
Other	

In order to make the building fit for occupancy or habitation, the following must occur:

- Notify your insurance agent.
- Consult an engineer, architect, or contractor.
- Contact the Chief Inspector in the Department of Inspections, Licenses, and Permits for assistance. 410-313-1802.

Date Posted: 8/15/11 By: Battalion Chief W. Robinson

By order of Howard County Code, Title 17, Section 17.111, the property owner shall immediately make the property secure against trespass, vandalism, collapse, re-ignition or any other condition that would threaten the public health, safety or general welfare.

Owner: Kristina Ungu Date: 8/15/11

Should you have any questions about this form, please contact the:
Office of the Fire Marshal at 410-313-6040.

(7/23/09)



