



Building Permit Application

Howard County Maryland
 Department of Inspections, Licenses and Permits
 3430 Court House Drive
 Permits: 410-313-2455
 www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 2800 GLENWOOD SQ. DR
 City: GLENWOOD State: MD Zip Code: 21738
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: HOME
 Proposed Use: HOME
 Estimated Construction Cost: \$ 100,000.00
 Description of Work: REBUILD FIRE DAMAGED BASEMENT

Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: KEN GARUFI
 Address: 2800 GLENWOOD SQ. DR
 City: GLENWOOD State: MD Zip Code: 21738
 Phone: 240 375 4241 Fax: _____
 Email: AMERICRAFTH1@AOL.COM

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: S/A/A
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: AMERICRAFT HOME IMP.
 Contact Person: KEN
 Address: S/A/A
 City: _____ State: _____ Zip Code: _____
 License No.: 26449
 Phone: S/A/A Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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.

[Signature]
 Applicant's Signature
AMERICRAFT OWNER
 Email Address
AMERICRAFTH1@AOL.COM
 Title/Company

KEN GARUFI
 Print Name
1-29-16
 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>1/27/17</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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	\$ <u>175.00</u>
Permit Fee	\$ <u>175</u>
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

Howard County Fire and Rescue
 6751 COLUMBIA GATEWAY DR.
 Suite 400
 Columbia, MD 21046
 410 313 6000

swilson@howardcountymd.gov
 Printed: 01/27/2017 09:46:28
 Number of Pages: 8

Incident Report
 2017-1701764 -000

Basic

Alarm Date and Time	13:43:36	Wednesday, January 18, 2017
Arrival Time	13:48:41	
Controlled Date and Time		
Last Unit Cleared Date and Time	17:09:25	Wednesday, January 18, 2017
Response Time	0:05:05	
Fire Department Station	13	
Shift	C	
Incident Type	111 - Building fire	
Aid Given or Received	2 - Automatic aid received	
Mutual Aid Department	15000-Montgomery County	
Action Taken 1	11 - Extinguish	
Action Taken 2	12 - Salvage & overhaul	
Action Taken 3	21 - Search	
Casualties	No	
Apparatus - Suppression	3	
Apparatus - EMS	3	
Apparatus - Other	32	
Personnel - Suppression Personnel	7	
Personnel - EMS Personnel	5	
Personnel - Other	49	
Property Loss	\$100,000.00	
Contents Loss	\$20,000.00	
Property Value	\$100,000.00	
Contents Value	\$20,000.00	
Detector Alerted occupants	U	
Property Use	419 - 1 or 2 family dwelling, detached, duplex, mobile home	
Location Type	Address	
Address	2800 GLENWOOD SPRINGS DR	
City, State Zip	Glenwood, MD 21738	
District	13009	
Latitude	13.08612097	
Longitude	-592.991316	

Situation

Initial Dispatch Code	HOUSE
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Additional Mutual Aid Agencies

Aid Department	Carroll County
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Fire

Structure Type	1 - Enclosed building
Number of Residential	1
Area of Origin	14 - Common room, den, family room, living room, lounge
Heat Source	UU - Undetermined
Item First Ignited	21 - Upholstered sofa, chair, vehicle seats

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Narratives

Narrative Date 19:09:01 Wednesday, January 18, 2017
 Author 3744 - LaBoiteaux, Robert B
 Author Rank FF
 Author Assignment I
 Narrative Text 2nd arriving ambulance, assumed medic and stood by, placed in service
 Narrative Name SAFETY1
 Narrative Type Company
 Narrative Date 19:14:49 Wednesday, January 18, 2017
 Author 1527 - Brnich, David A
 Author Rank CAPT
 Author Assignment I
 Narrative Text Responded to incident from Station 7. Arrived, met face to face with command and then met up with Safety 600 (Dushanko) who was already operating on the scene. Verified which crews were operating in the basement fire area, completed 360 and secured LP gas service to the structure. Monitored air quality and worked with T7, TWR10 and CCTWR12 on a ventilation plan to eliminate the CO condition.

Once the air quality had improved sufficiently, advised BC2 of the same to allow the investigation team to work in the basement.

Narrative Name SAFETY600
 Narrative Type Other
 Narrative Date 19:15:00 Wednesday, January 18, 2017
 Author 3511 - Dushanko, Daniel S
 Author Rank CAPT-P
 Author Assignment 0
 Narrative Text Self dispatched from fire station 4. Arrived on location and was assigned scene safety. 360 sizeup found walk up basement on side delta with E131 deploying one attack line into the basement. Heavy black smoke under pressure coming from the basement stairwell, light smoke coming from the first floor front and rear door. Multiple windows in window wells on side charlie intact. Quick visual search of first floor found no obvious fire extension and a light haze of smoke throughout. Met homeowner and adult male on side bravo near garage. Assisted owner with retrieving and securing two small dogs from the structure. Dogs placed in vehicle on the driveway - no obvious signs of distress. Homeowner stated that her sister was unaccounted for and most likely in the basement- and that no other occupants were in the dwelling. Owner stated pets were all out of the structure. Owner/occupants escorted to command post area away from the structure. Continued to provide on scene safety - utilities secured, trip hazard (open well hole on side alpha) coned and marked, atmospheric monitoring and assessment of structural damage upon extinguishment completed.

Structure ventilated for extended period prior to turning structure over to HCPD and OFM personnel. DSD

Narrative Name FM200
 Narrative Type Other
 Narrative Date 19:17:58 Wednesday, January 18, 2017
 Author 3060 - Ferguson, Robert M

APPROVED

WALKTHRU BUILDING PERMIT

BP#

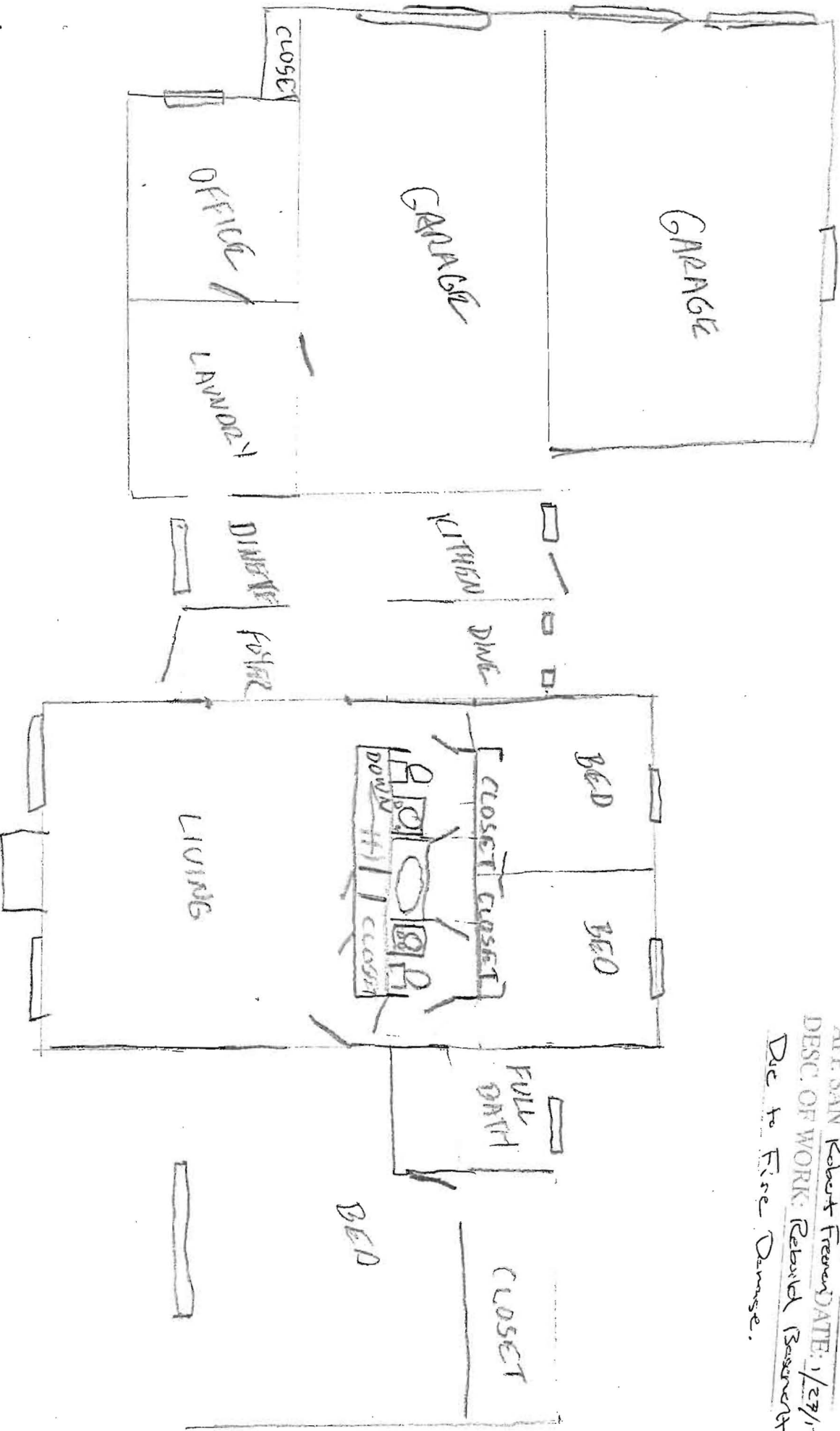
A#

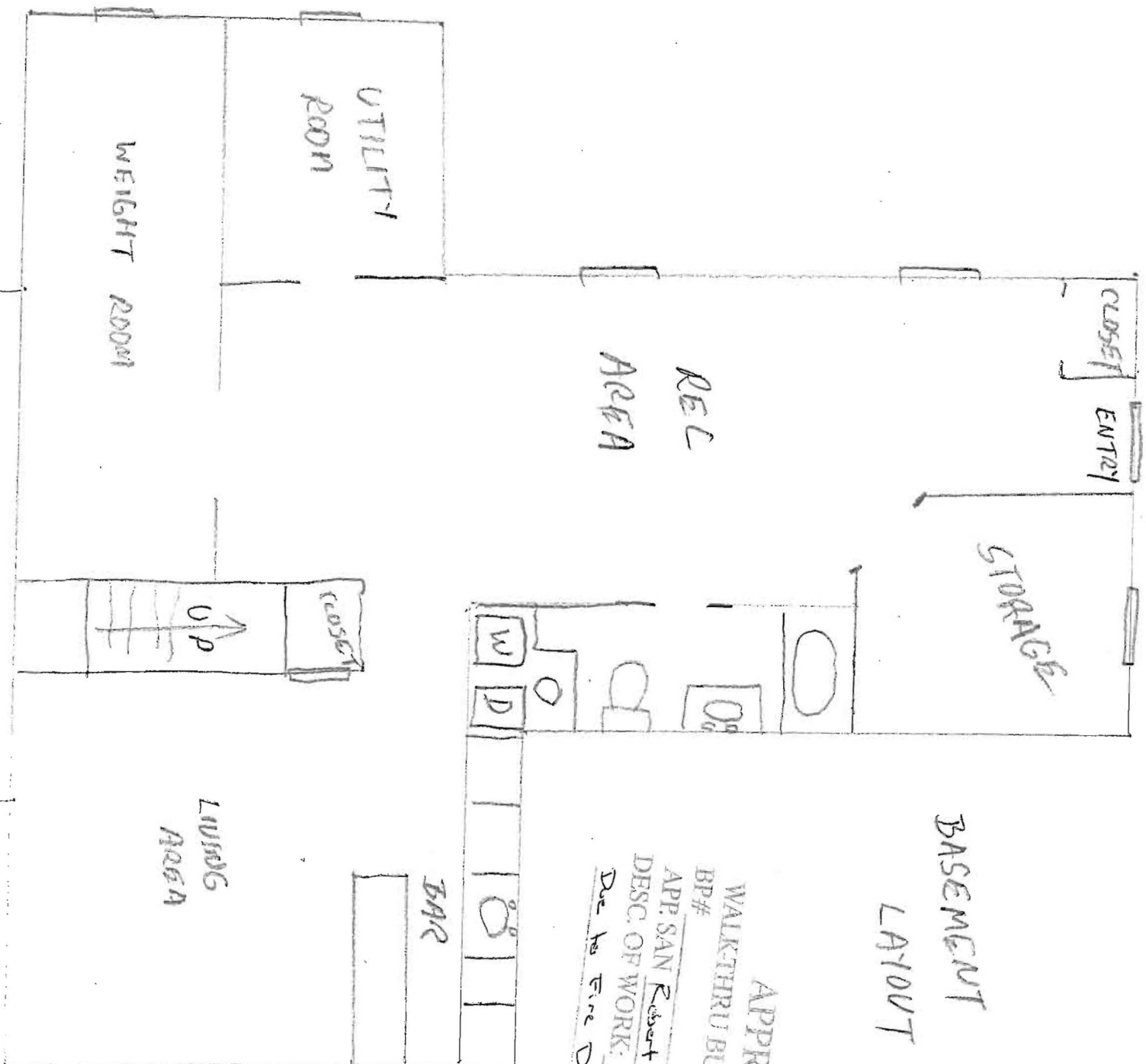
APP SAN Robert Freeman DATE: 1/27/17

DESC. OF WORK: Rebuild Basement

Due to Fire Damage.

1ST FLOOR





BASEMENT
LAYOUT

APPROVED
WALKTHRU BUILDING PERMIT
BP# _____
APP. SAN Robert Freeman DATE: 1/27/17
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Due to Fire Damage.