

Approved 4/21/26
-H.O.

Record Detail * (This section is required.)

Permit Type Building/Residential/Accessory/Structure	Permit Number B26001119	Opened Date 04/10/2026
--	-----------------------------------	----------------------------------

Description of Work
SFD/ CONSTRUCT 30' X 40' DETACHED 3-CAR GARAGE, 1 STORY, Post & Pier, 1R, 0FB, 0HB, 0FP, OTHER STRUCTURE = Detached Garage, 0BR, PORCH/DECK = N/A, ENERGY METHOD = N/A,

Online BP.
gjd 4/16/26

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 12501	Street Name BARNARD	Street Type WAY
Unit Type -Select-	Unit #	
	X Coordinate -76.94591	Y Coordinate 39.30451
City WEST FRIENDSHIP	State MD	Zip Code 21794
		Primary Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
905508	239	3.63	325900	694700	368800	RURAL

Legal Description
IMPSLOT 2 3.6301 A[]12501 BARNARD WAY[]MATHIS PROP S 1

[check spelling](#)

Block 2	Lot 2	Census Tract 603000	Council Dist 5	Inspection Dist	Supervisor Dist	Map #	DAP Zone
Plan Area	State Tax Id 1403311120	Subdivision Name					
Section	Area	Tax Map 15					
Grid 15-12	Zoning District RR-DEO	ADC Map 4813-J2					
SDP No.	Final Plan No.	WP File No.					
Record Plat No. 6747	WS Contract No.	FDP No.	Primary Yes				
Owner Occupied <input type="radio"/> Yes <input checked="" type="radio"/> No	Year Built 1987	Historic District <input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area 3-05	Flood Plain <input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name *
STILES

Address Line 1
12501 BARNARD WAY

Address Line 2

Address Line 3

Mail City
WEST FRIENDSHIP

Mail State
MD

Mail Zip Code
21794

Phone
443-285-3059

Primary
Yes

E-mail

Cell Number Fax Number

Professionals (This section is not required.)

License # * 08010141729
 License Type * MHIC Ind Primary Yes
 Business Name MORTON BUILDINGS INC
 First Name KEVIN Middle Name Last Name NOLAN
 Address Line 1 18478 INDUSTRIAL ROAD
 Address Line 2
 City CULPEPER State VA ZIP Code 22701-0000
 Phone 1 3522752334 Phone 2 Fax 0000000000
 E-mail KEVIN.NOLA@MORTONBUILDINGS.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * Applicant
 Relationship Applicant Primary No
 First Name Corey MI Last Name Groves
 Full Name Corey Groves
 Organization Name Morton Buildings
 Street Address 3368 York Road
 Address Line 2
 City Gettysburg State PA Zip Code 17320
 Phone 717-353-0623 Cell 717-353-0623 Fax
 E-mail corey.groves@mortonbuildings.com

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type Contact
 Relationship Applicant Primary Yes
 First Name Corey MI Last Name Groves
 Full Name Corey Groves
 Organization Name Morton Buildings
 Street Address 3368 York Road
 Address Line 2
 City Gettysburg State PA Zip Code 17320
 Phone 717-353-0623 Cell 717-353-0623 Fax
 E-mail corey.groves@mortonbuildings.com

Addtl Info

Est Construction Cost * 109000
 Housing Units * 0
 Number of Buildings * 0
 Public Owned No
 Construction Type 649 - All Other Buildings and Structures

RESIDENTIAL ADDITION INFORMATION

RESIDENTIAL ADDITION INFORMATION

Capital Project-No Fee *

Yes No

Capital Project Number

(Text)

Fee Exempt *

Yes No

Roadside Tree Project Permit

Yes No

Roadside Tree Pr

No of Stories * 1 (Text) Foundation * Post & Pier Basement * N/A No of Rooms * 1 (Text) Full Baths * 0 (Number) Ha 0

SFD/ CONSTRUCT 30' X 40' DETACHED 3-CAR GARAGE
[check spelling](#)

Other Structure * Detached Garage
W & S Fees Paid Yes No
1st Floor Width FT (Number) 1st Floor Depth FT (Number)
Total Square Footage * 1200 SQFT (Number)
Walls (Text) Roof (Text)
Additional Description Info
Bedrooms * 0 (Number) Porch Deck * N/A
Sewage * Private Utilities * Electric
2nd Floor Width FT (Number) 2nd Floor Depth FT (Number)
Occupiable Square Footage * 0 SQFT (Number) Affordable Housing Funding * N/A
Change In Use Yes No Grading Permit No N/A (Text) Senior Housing Yes No
Heating System * Electric
Basement Width FT (Number) Basement Depth FT (Number) Height FT (Number)
Type of Fireplace --Select-- Sprinkler System * None
MIHU Outside Downtown Columbia Yes No

Expiration Date
10/11/2026

[check spelling](#)

MIHU Required Units (Num)

GREEN INFORMATION

Goal Level --Select-- Actual Level --Select-- Leed Registration Number (Text) Date of Leed Certification

STORM WATER MANAGEMENT

Green Roofs A1 Yes No Permeable Pavements A2 Yes No Reinforced Turf A3 Yes No Disconnection of Rooftop Runoff N1 (Number)
Sheetflow to Conservation Areas N3 Yes No Rainwater Harvesting M1 (Number) Submerged Gravel Wetlands M2 (Number) Landscape Infiltration
Dry Wells M5 (Number) Micro Bioretention M6 (Number) Rain Gardens M7 (Number) Swales M8 (Number)
PSWM Certification Received in CID on

Submit Cancel

