

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 1050024577
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Jesus G. + Lodie D. Quezada Date: 7/12/10
Site Address: 265 Kathleen Rd., Lillington, NC 27546 Phone: 910-814-4182

Directions to job site from Lillington: Hwy 87N - 5 miles past Splake, Rt on over hills
 Go 3 miles - take Lft on Nursery Rd, Go 3 miles - take Lft on Doss Rd,
 Go 1 1/2 miles - take Lft on Microtaw Rd, Go 1/4 mile - Lft on Kathleen Rd

Subdivision: Highland Hills Lot: 39
Description of Proposed Work: 2x16 Screen porch + wood deck #Bedrooms: 4

Heated SF 1550 Unheated SF 264 Finished Rec Room? NO Crawl Space Slab ()

General Contractor Information

Kenneth R. Blodsoe
KRB Home Builders, Inc. 910-486-6660
Building Contractor's Company Name Telephone
6400 Emu Dr., Hope Mills, NC 28348 48493
Address License #

Kenneth R. Blodsoe Must sign & fill out second page
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Permit Information

Description of Work Add one circuit for Service Size: _____ Amps TPole: yes/no
Ringed Electrical will list 910-237-5690
Electrical Contractor's Company Name Telephone
PO Box 65014, Fayetteville, NC 28306 20555-L
Address License #

Kenny Ringed
Signature of Officer(s) of Corporation

Mechanical/HVAC Permit Information

Description of Work _____
Mechanical Contractor's Company Name Telephone _____
Address License # _____
Signature of Officer(s) of Corporation _____

Plumbing Permit Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name Telephone _____
Address License # _____
Signature of Officer(s) of Corporation _____

Insulation Permit Information

Insulation Contractor's Company Name & Address Telephone _____

Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed? ___ yes no
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? ___ yes no
3. Do you intend to directly control & supervise construction activities? yes ___ no
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? yes ___ no
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit? ___ yes ___ no

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if any changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Kenny Bledsoe

7-13-10

Signature of Owner/Contractor/Officer(s) of Corporation

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor ___ Owner ___ Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

___ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

___ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

___ Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Company or Name: KRB Home Builders, Inc

Sign w/Title: *Dixon Earl Bledsoe* / VP Date: 7/13/10

Plan Box Number File.

Job Name Highland Hills

Date: 6-9-10

Required Inspections for SFA/SFD

Appl. # 10-50024577

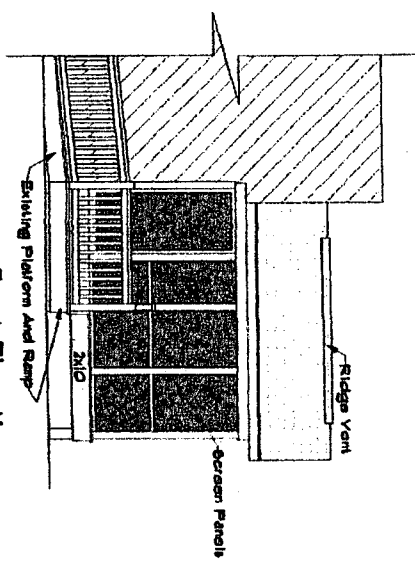
Valuation \$ 8662

Sq. Feet 420

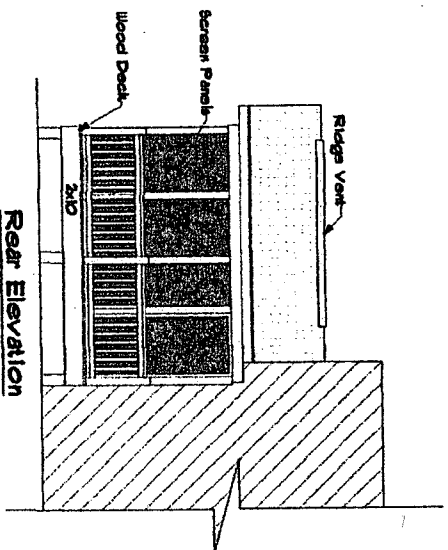
Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20		R* Building Foundation
20		Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R*Plumb. Under Slab
40		Four Trade Rough In
40		Four Trade Rough In > 2500
40		Three Trade Rough In
40		Three Trade Rough In > 2500
40	<input checked="" type="checkbox"/>	Two Trade Rough In
40		Two Trade Rough In > 2500
40	<input checked="" type="checkbox"/>	One Trade Rough In
40		One Trade Rough In > 2500
50		R* Insulation
60		Four Trade Final
60		Four Trade Final > 2500
60		Three Trade Final
60		Three Trade Final > 2500
60	<input checked="" type="checkbox"/>	Two Trade Final
60		Two Trade Final > 2500
60		One Trade Final
60		One Trade Final > 2500
999		Envir. Operations Permit

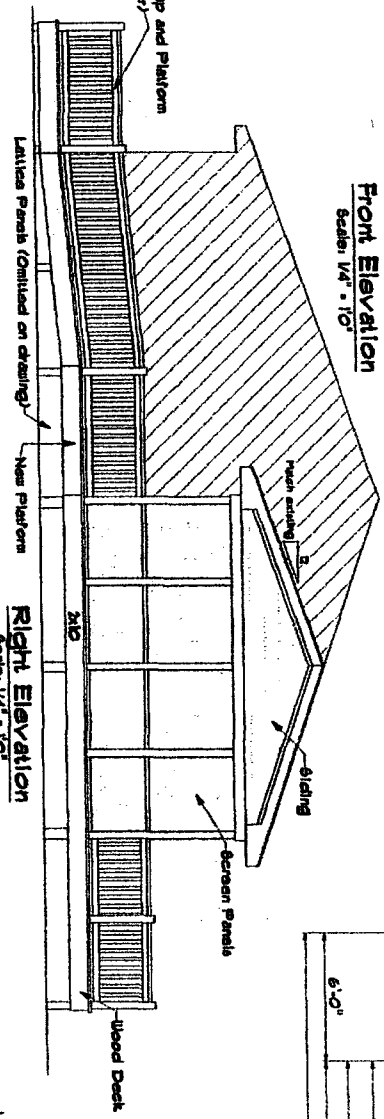
I DO HEREBY CERTIFY THAT THESE DRAWINGS AND RELATED SPECIFICATIONS MEET ALL SAFETY REQUIREMENTS AND ARE IN SUBSTANTIAL CONFORMITY WITH THE INTERNATIONAL BUILDING CODE COUNCIL (IBCC) AND BUILDING CODES.



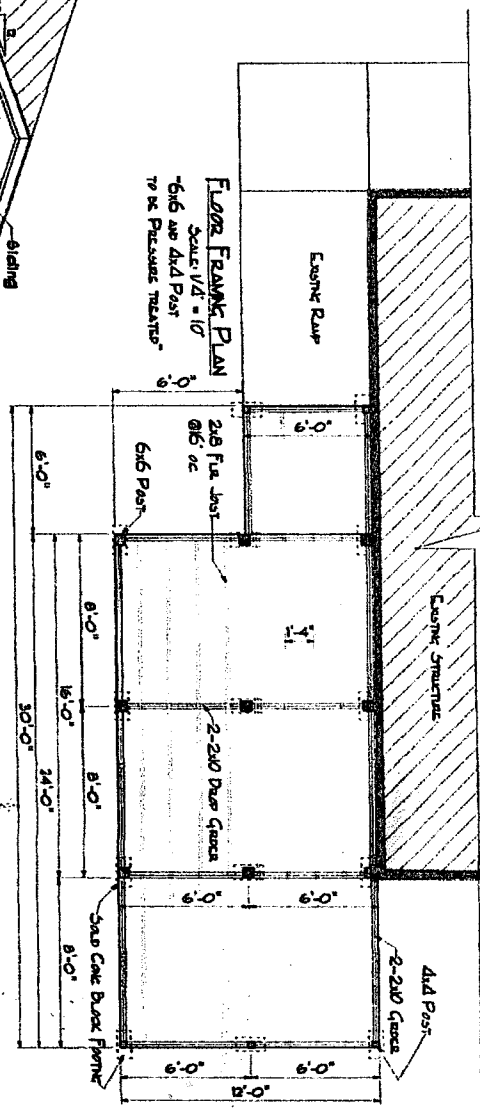
Front Elevation
Scale: 1/4" = 1'-0"



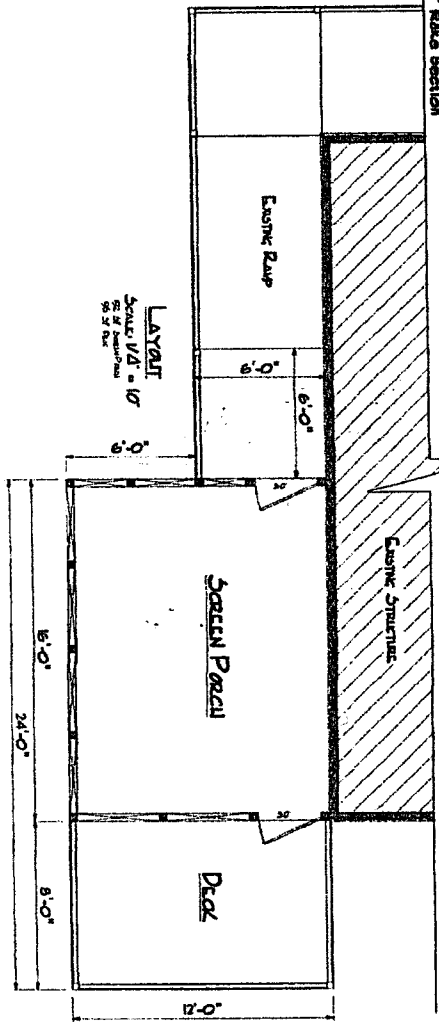
Rear Elevation
Scale: 1/4" = 1'-0"



Right Elevation
Scale: 1/4" = 1'-0"
8'0" Finished Ceiling Ht.
1'4" Overhang
1'0" Rake Section



FLOOR FRAMING PLAN
Scale: 1/4" = 1'-0"
6x6 and 4x4 Posts
17'0" DE PRESSURE TREATED



LAYOUT
Scale: 1/4" = 1'-0"
8'0" Finished Ceiling
8'0" Rake Section

SQUARE FOOTAGE INFO

82 S.F. Screen Panels
82 S.F. Wood Deck/Ramp
80'0" Finished Ceiling Ht.

DRAWING NUMBER
KRB-182

KRB HomeBuilders
Residential

IT IS THE SOLE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY ALL DIMENSIONS AND CONDITIONS ON SITE PRIOR TO CONSTRUCTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM ALL APPLICABLE LOCAL, STATE AND FEDERAL AGENCIES.

SCALE: 1/4" = 1'-0"
DATE: FEB 2020
DRAWN BY: ATP

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