

Application #	
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* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company

name & phone must match

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

tion on license.			
Owner's Name: R.H. Byrd, Jr	Date: 2-/6-2023		
Site Address: 396 Byrd's Mill Rd-Bunnlevel	Phone: 910 -891-683		
Subdivision	Lot:		
Description of Proposed Work: Double wine office/home	Total Job Cost. 30,000		
General Contractor Informati	ion		
Seven Magnelias Construction	919-868-9385		
Building Contractor's Company Name	Telephone		
14288 NC 210 - ANGIER - NC 27501	SNORDANE 7 magnolias-com		
Address	Email Address		
80443 HEATED SQ FT 1410 GARAGE	SQFT O		
	STREET ST		
Description of Work NEW Service Size	tion		
Description of Work New Salvice Size	e: ZOO Amps T-Pole: Yes Y No		
PATRICK Electrical	110 007 1399		
Electrical Contractor's Company Name	Telephone		
1309 N.Main St - Lillington, NC 27546			
Address H 4910 U	Email Address		
Description of Work J+M Heating + Ain - New	+ Existing SCHUILE		
John Heating + Ain	910-291-0376		
Mechanical Contractor's Company Name	Telephone		
724 Tunlington Rd-Dunn-NC 28334			
Address	Email Address		
- 17164			
License # Plumbing Contractor Informa	ation		
	# Baths 2		
Description of Work NEW/ Existing SENVICE	910-890-3834		
John Wells	Mark Control of the C		
Plumbing Contractor's Company Name	Telephone		
Chalybeate Springs Pd - Angien NC 27501 Address	Email Address		
Address ★ 23 9 7 9	Lillali Address		
License #			
Insulation Contractor Informa	ation		
CRUZ INSULATION	919-291-2438		
Insulation Contractor's Company Name & Address	Telephone		

*NOTE: General Contractor / owner must fill out and sign the second page of this application.



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 that **by signing below I have obtained all subcontractors permission to obtain these permits** 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.

CA Mr 2/16/23

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

Date

The ur	Affidavit		compensation N.C.	G.S. 87-14	X1403
THE U	100 to				
/	General Contractor	Owner	Officer/Agent of the	ne Contractor or Owne	er
	reby confirm under penaltienth in the permit:	es of perjury that the	e person(s), firm(s) or co	orporation(s) perform	ing the work
	Has three (3) or more em	oloyees and has ob	tained workers' comper	nsation insurance to c	cover them.
them.	Has one (1) or more subc	ontractors(s) and h	as obtained workers' co	empensation insurance	e to cover
	Has one (1) or more subcing themselves.	ontractors(s) who h	nas their own policy of w	vorkers' compensation	n insurance
	Has no more than two (2)	employees and no	subcontractors.		
Depai to issu	working on the project for tment issuing the permit mance of the permit and at ng out the work.	av require certifica	tes of coverage of work	er's compensation ins	ooration
Sign	w/Title: To //w	owner		Date: 2/1	4