



Application # SFD1809-0022

*Received 12/04/18*

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

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

**Application for Residential Building and Trades Permit**

Owner's Name: Seven Magnolias Construction, Inc. Date: 11-6-18  
Site Address: 27 FIELDS WAY - COATS NC 27521 Phone: 919-868-9385  
Subdivision: Summerfield Lot: 13  
Description of Proposed Work: Residential Home

**General Contractor Information**

Seven Magnolias Construction, Inc. 919-868-9385  
Building Contractor's Company Name Telephone  
14288 NC 210 Angier, NC 27501 snordan1@nc.rr.com  
Address Email Address  
80443

License #

**Electrical Contractor Information**

Description of Work Electrical Wiring Service Size: 200 Amps T-Pole:  Yes  No  
C & M Electric 919-772-4518  
Electrical Contractor's Company Name Telephone  
8305 Cleveland Road, Clayton NC 27520 shane@candmelectric.com  
Address Email Address  
5689-L

License #

**Mechanical/HVAC Contractor Information**

Description of Work HVAC installation  
Stephenson's Heating and Air 919-329-0686  
Mechanical Contractor's Company Name Telephone  
343 Shipwash Drive Garner NC 27529 stephensonhvac@aol.com  
Address Email Address  
18644

License #

**Plumbing Contractor Information**

Description of Work Plumbing installation # Baths 2  
Ambit Plumbing 919-934-1379  
Plumbing Contractor's Company Name Telephone  
755 Roch Pillar Road Clayton NC 27520 contactambit@embarqmail.com  
Address Email Address  
20823

License #

**Insulation Contractor Information**

Tatum Insulation II, Inc.- 519 Old Drug Store Road, Garner 919-661-0999  
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.**

*Stew Mc*

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

11-6-18

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.

Sign w/Title: *Stew Mc*

Date: 11-6-18