



Application # SFD1809-0023

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

Received 12/10/18

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 for Residential Building and Trades Permit

Owner's Name: Seven Magnolias Construction, Inc. Date: _____
Site Address: 17 FIELD WAY COATS - NC 27521 Phone: 919-868-9385
Subdivision: Summerfield Lot: 1A
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 1/2
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.~~

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:

Date:

11-6-18