

Application #

* 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. 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

Course Magneliae Construction	Date: 11/10/2020
Owner's Name: Seven Magnolias Construction	Phone: 919-868-9385
Site Address: 65 Tyler Godwin Road, Erwin	
Subdivision: Riverland	Lot: <u>18</u>
Description of Proposed Work: Residential Home	
General Contractor Info	ormation
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 In	formation ce Size: 200 Amps T-Pole: ▼Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	919-772-4518
C&M Electric	
Electrical Contractor's Company Name	Telephone
Clayton NC	shane@candmelectric.com
Address	Email Address
5689	
License #	
Mechanical/HVAC Contract	or Information
Description of Work Residential	
Stephenson Heating & Air	919-329-0686
Mechanical Contractor's Company Name	Telephone
Garner, NC	stephensonhvac@aol.com
Address	Email Address
18644	
License #	
Plumbing Contractor I	The state of the s
Description of Work Residential	# Baths 2
Ambit Plumbing	919-934-1379
Plumbing Contractor's Company Name	Telephone
Clayton, NC	contactAmbit@embarqmail.com
Address	Email Address
20823	
License #	
Insulation Contractor I	The state of the s
Tatum Insulation - Garner, NC	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. 11-10- 20 20 Date

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

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 wor G)~ TASETON Date: 11-10-2020 Sign w/Title