

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.hamett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: Seven Magnolias Construction		Date: 11/10/2020	
Site Address: 66 Tyler Godwin Road, Erwin	Dhana	919-868-9385	
Subdivision: Riverland	Lot: 10		
Description of Proposed Work: Residential Home			
General Contractor Informatio	<u>n</u>		
Seven Magnolias Construction, Inc.	919-868-9385		
Building Contractor's Company Name	Telephone		
14288 NC 210 Angier, NC 27501	snordan1@nc.r	r.com	
Address	Email Address		
80443			
License #			
Electrical Contractor Information	200 Amns T-	Pole: X Yes N	
Description of Work New Residential Service Size: C&M Electric	919-772-4518	ole. My les III	
	Telephone		
Electrical Contractor's Company Name	shane@candm	electric com	
Clayton NC	Email Address	electric.com	
Address	Elliali Address		
5689 License #			
Mechanical/HVAC Contractor Infor	mation		
Description of Work Residential			
Stephenson Heating & Air	919-329-0686		
Mechanical Contractor's Company Name	Telephone		
Garner, NC	stephensonhva	ac@aol.com	
Address	Email Address		
18644			
License #			
Plumbing Contractor Informati	ion		
Description of Work Residential	# Baths ²		
Ambit Plumbing	919-934-1379		
Plumbing Contractor's Company Name	Telephone		
Clayton, NC	The state of the s	contactAmbit@embarqmail.com	
Address	Email Address		
20823			
License #			
Insulation Contractor Informat	ion		
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.

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

11-10-2020 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 WTitle: Two Port CONTRACTOR Date: 11-10-2020