

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Application # \_\_\_\_\_

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

## Application for Residential Building and Trades Permit

Owner's Name: Sharon Clayton + Dicky Jan MELa	mh Date 12-6-2022
Site Address: 280 Bailey Rd - COATS NC	Phono 619 - 791 - 14130
/9/	
Description of Proposed Work: Residential Home	Lot
	Total Job Cost 2 13,000
General Contractor Information	
Seven MAGNOLIAS CONST, INC  Building Contractor's Company Name	119-868-9385
0	elephone
14288 NC 216 ANGIER NC 27561 SI Address	mail Address
80 443 HEATED SQ FT 2486 GARAGE SQ F	
License #	
Description of Work Residential Contractor Information  Service Size: 200 Amps T-Pole: Yes No	
	219-772-4518 elephone
0 0	ANE CANDMERCTRICION
Address E	mail Address
5690	
License #	
Mechanical/HVAC Contractor Information	
Description of Work RESIDENTIAL	
Stephenson Htg + AIR	19-329-0686
Mechanical Contractor's Company Name	elephone
343 Shipwash DR - Garner 5	relephone TEP Henson hvac CAOLIOM mail Address
Address	mail Address
18644 License #	
Plumbing Contractor Information	
9.6	Baths 3
1) 2 - P/ h:	
	819 - 934 - 1379 elephone
	NTACY AMBIT CEMBARGANAI 1. COM
Address	mail Address
20829	
License #	
Insulation Contractor Information	
FRIENDS INSULATION - 2001 Blownt Cheek ESTATE - Clayton Insulation Contractor's Company Name & Address	919 - 291 - 2439

\*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 <a href="by signing below I have obtained all subcontractors">by signing below I have obtained all subcontractors</a> permission to obtain these permits and if <a href="any">any</a> 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

12-6-2022 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 / har owner Date: 12-6-2022