



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

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

**Application for Residential Building and Trades Permit**

Owner's Name: Sharon Clayton + Dicky Jan McLamb Date 4/18/23  
Site Address: 282 Bailey Rd - Coats, NC Phone 919-796-4139  
Subdivision: NA Lot NA  
Description of Proposed Work: RESIDENTIAL HOME Total Job Cost \$275,000

**General Contractor Information**

Seven Magnolias Const. Inc 919-868-9385  
Building Contractor's Company Name Telephone  
14288 NC 210, Angier, NC 27501 snordan@7magnolias.com  
Address Email Address  
80443 **HEATED SQ FT 2486** **GARAGE SQ FT 750**  
License #

**Electrical Contractor Information**

Description of Work RESIDENTIAL Service Size: 200 Amps T-Pole:  Yes  No  
CTM Electrical 919-772-4518  
Electrical Contractor's Company Name Telephone  
CTM Electrical - 8305 Cleveland Rd, Clayton SHANE@CANDMELECTRIC.COM  
Address Email Address  
5690  
License #

**Mechanical/HVAC Contractor Information**

Description of Work RESIDENTIAL  
Stephenson Htg + Air 919-329-0686  
Mechanical Contractor's Company Name Telephone  
343 Shipwash Dr - Garner, NC STEPHENSONHVAC@AOL.COM  
Address Email Address  
18645  
License #

**Plumbing Contractor Information**

CHANGE \* Description of Work RESIDENTIAL # Baths 3  
Mitch's Plumbing Service 919-820-2613  
Plumbing Contractor's Company Name Telephone  
654 Red Hill Church Rd - Dunn, NC kimberlyhargrove18@yahoo.com  
Address Email Address  
L14438  
License #

**Insulation Contractor Information**

FRIENDS INSULATION - 2001 Blount Creek Estate 919-291-2438  
Insulation Contractor's Company Name & Address Telephone  
Clayton, NC

**\*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.**

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

4/18/23  
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: Steve Reed owner

Date: 4/18/23