



Application # _____

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

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: Randy Hedgepeth Date 7/22/25
Site Address: NC 55 W COATS, NC 27521 Phone 919-801-3372
Subdivision: N/A Lot _____
Description of Proposed Work: Residential Total Job Cost \$250,000

General Contractor Information

Seven Magnolias Construction 919-868-9385
Building Contractor's Company Name Telephone
14288 NC 210 Angier, NC 27501 snordan@7magnolias.com
Address Email Address
80443
License # HEATED SQ FT 1608 GARAGE SQ FT 1083

Electrical Contractor Information

Description of Work Residential Service Size: 200 Amps T-Pole: X Yes No
C & M Electric 919-772-4518
Electrical Contractor's Company Name Telephone
8305 Cleveland Rd, Clayton shane@candmelectric.com
Address Email Address
05689
License #

Mechanical/HVAC Contractor Information

Description of Work Residential
Stephenson's Htg & Air 919-329-0686
Mechanical Contractor's Company Name Telephone
343 Shipwash Dr, Garner stephensonhvac@aol.com
Address Email Address
18644
License #

Plumbing Contractor Information

Description of Work Residential # Baths _____
Mitch's Plumbing Service 919-820-2613
Plumbing Contractor's Company Name Telephone
654 Red Hill Church Rd, Dunn parker.dana97@gmail.com
Address Email Address
L14438
License #

Insulation Contractor Information

Friends Insulation LLC, 2001 Blount Creek, Clayton 919-291-2438
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

7/22/25

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:

7/22/25