

09/09/11

Application #

CPSE17-500419910

Harnett County Central Permitting  
PO Box 65 Lillington NC 27546

910 893 7525 Fax 910 893 2793 www.harnett.org/permits

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address company name & phone must match.

**Application for Residential Building and Trades Permit**

Owner's Name Precision Custom Homes and Renovations, LLC Date 2/10/19

Site Address 17 Navaho Trail Sanford NC 27332 Phone \_\_\_\_\_

Directions to job site from Lillington 27W to 87 N, Lan Milton Welch Rd., R on Summerlin Dr.

Subdivision Summerlin Lot 18

Description of Proposed Work New SFR Construction # of Bedrooms 3

Heated SF 2179 Unheated SF 472 Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab  mono

**General Contractor Information**

SMG Precision Properties, LLC  
Building Contractor's Company Name  
256 Briar Hill Rd. Raeford NC  
Address  
72380  
License # \_\_\_\_\_

910-988-8172  
Telephone  
shaun@precisionpropertiesnc.com  
Email Address

**Electrical Contractor Information**

Description of Work New Const. Service Service Size 200 Amps T-Pole  Yes  No  
J. Melvin Electric  
Electrical Contractor's Company Name  
5960 Lakeway Dr. Fayetteville NC 28304  
Address  
29258-L  
License # \_\_\_\_\_

910-584-4255  
Telephone  
Email Address \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work New construction  
Performance Heating and Air  
Mechanical Contractor's Company Name  
5217 Hornbeam Rd. Fayetteville NC 28304  
Address  
29759 H23-1  
License # \_\_\_\_\_

910-273-1826  
Telephone  
Email Address \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work New construction as per plans # Baths \_\_\_\_\_  
Trinity Plumbing Co LLC  
Plumbing Contractor's Company Name  
1989 Wilmington Hwy Fayetteville NC 28306  
Address  
32324 P1  
License # \_\_\_\_\_

910-303-5585  
Telephone  
Email Address \_\_\_\_\_

**Insulation Contractor Information**

A-1 Insulation Inc. PO Box 180 Hupe Mills NC  
Insulation Contractor's Company Name & Address  
Telephone \_\_\_\_\_

\*NOTE General Contractor 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

Shan D 2/5/19  
 Signature of Owner/Contractor/Officer(s) of Corporation 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

Company or Name SMG Precision Properties

Sign w/Title Sh D Shaun Gardner / Member Manager Date 2/5/19

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DO NOT REMOVE!

### Details: Appointment of Lien Agent

Entry #: 767778

Filed on: 12/09/2017

Initially filed by: shaungardner

#### Designated Lien Agent

Old Republic National Title Insurance Company

Online: [www.liensnc.com](http://www.liensnc.com) (<http://www.liensnc.com>)

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC 27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: [support@liensnc.com](mailto:support@liensnc.com) (<mailto:support@liensnc.com>)

#### Project Property

Lot 18 Summerlin  
17 Navaho Trail  
Sanford, NC 27332  
Harnett County

#### Property Type

1-2 Family Dwelling

#### Print & Post



#### Contractors:

Please post this notice on the Job Site.

#### Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

#### Owner Information

Precision Custom Homes and Renovations, LLC  
256 Briar Hill Rd.  
Raeford, NC 28376  
United States  
Email: [shaun@precisionpropertiesnc.com](mailto:shaun@precisionpropertiesnc.com)  
Phone: 910-988-8172

#### Date of First Furnishing

12/20/2017

View Comments (0)

Technical Support Hotline: (888) 690-7384