

09/09/11

Application #

18-50043380

Hamett County Central Permitting
PO Box 85 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www.hamett.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 ~~11/14/11~~ 11/14/11

Site Address 238 Apache Trail Phone _____

Directions to job site from Lillington 27W to 87 N Lan Milton Welch Rd., Ran Summerlin Dr. Right on Apache Trail

Subdivision Summerlin Lot 7

Description of Proposed Work New SFR Construction # of Bedrooms 3

Heated SF 2213 Unheated SF 475 Finished Bonus Room? NO Crawl Space _____ Slab MUD slab

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
79758-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
79759 H73-1
License # _____

910-773-1826
Telephone
Email Address _____

Plumbing Contractor Information

Description of Work New construction as per plans

Trinity Plumbing Co LLC
Plumbing Contractor's Company Name
1989 Wilmington Hwy Fayetteville NC 28306
Address
32324 P1
License # _____

Baths _____
910-303-5585
Telephone
Email Address _____

Insulation Contractor Information

A-1 Insulation Inc. PO Box 120 Hope Mills NC
Insulation Contractor's Company Name & Address
Telephone _____

*NOTE General Contractor must fill out and sign the second page of this application

Handwritten notes at the top left of the page, possibly including a date or page number.

Handwritten text in the upper middle section, appearing to be a title or introductory sentence.

Handwritten text on the right side of the upper section.

A large block of handwritten text in the middle section, possibly a paragraph or a list of items.

Handwritten text in the lower middle section, continuing the notes or list.

Handwritten text in the lower section, possibly a conclusion or a signature area.

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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

Sh D

~~11/14/18~~ 11/14/18

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 ~~11/14/18~~ 11/14/18

DO NOT REMOVE!**Details: Appointment of Lien Agent**

Entry #: 948915

Filed on: 11/08/2018

Initially filed by: shaungardner

Designated Lien AgentOld Republic National Title Insurance
CompanyOnline: www.liensnc.com https://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 https://support@liensnc.com**Project Property**Lot 7 Summerlin
238 Apache Trail
Sanford, NC
27332 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**Shaun Gardner
256 Briar Hill Rd.
Raeford, NC 28376
United StatesEmail: shaun@precisionpropertiesnc.com

Phone: 910-988-8172

Date of First Furnishing

11/19/2018

View Comments (0)

Technical Support Hotline: (888) 690-7384