Application #

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 Must be contracto name &

owner or licensed or Address company	Application for Residential Building and Tra	ades Permit	9/9/19
Owner's Name	Precision Custom Humes and Ren		13/11
Site Address		Phone	
Desertant to take at a	om Lillington 77 W to 87 N Lu	willes work Rd.	Run
Directions to job site tr	om Lillington C/W to G//V C/	A MITTER VOEICE TOO	, Kan
SUMMES	lin Dr. Lot on left		
		2/	
SubdivisionSu	mmerlin	Lot 3 4	
Description of Propose	d Work New SFR Construction	# of Bedrooms	4
Heated SF 7377 U	nheated SF Finished Bonus Room?/ General Contractor Information	Crawl SpaceS	slab X
SMG Preci	sion Properties LLC	910 - 988 - 817	?
Building Contractor's C	Company Name	Teleshana	
256 Bria	r Hill Rl. Raeford NC	Shaun@precision	roperties nc.
Address		Email Address	
77380	_		
License #	Floatmani Contractor Information	_	
Description of Work	New Const. Service Service Size	700Amps T-Pole V Y	es No
T Maluno	Floctiis	910-584-47	72
Electrical Contractor s	Company Name	Telephone	- A
5960 10	company Name Leway Dr. Fayetteville NC 28304		
Address		Email Address	
79758-6			
License #			
	Mechanical/HVAC Contractor Inform	ation	
Description of Work	New construction		2/
l'er turmance	Heating and Air	910-777-18	7 6
Mechanical Contractor	s Company Name	Telephone	
2511 Horn	beam RJ. Fayetteville NC 78304		
Address		Email Address	
79759H73	<u>-</u> _!		
License #	Plumbing Contractor Informatio	n	
	hem contraction as be blows	₹	
Description of Work		# Baths	o t
Trinity P	umbing (o Lil	910-303-558	<u> </u>
Plumbing Contractors	1	Telephone	
Address		Email Address	
37324 P	<u> </u>		
License #		_	
A. 1 Tav. 1	1	и (
	Insulation Contractor Information	n y (

Insulation Contractor s Company Name & Address

Telephone

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 Date Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Officer/Agent of the Contractor or Owner Owner **General Contractor** 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 Precision Properties

Shown Cardner / Member Manager Date 7/9/18 Company or Name

Sign w/Title