

09/09/11

Application #
18-544395

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

7/17/11

Owner's Name Precision Custom Homes and Renovations, LLC Date ~~8/17~~
Site Address 316 Apache Trail Phone _____
Directions to job site from Lillington 27W to 87 N, Lan Milton Welch Rd., Ran Summerlin Dr. Right on Apache

Subdivision Summerlin Lot 11
Description of Proposed Work New SFR Construction # of Bedrooms 4
Heated SF 2122 Unheated SF 465 Finished Bonus Room? No Crawl Space _____ Slab MUD

General Contractor Information

SMG Precision Properties LLC 910-988-8172
Building Contractor's Company Name Telephone
256 Briar Hill Rd. Raeford NC shaun@precisionpropertiesnc.com
Address Email Address
72380
License # _____

Electrical Contractor Information

Description of Work New Const. Service Service Size 200 Amps T-Pole Yes No
J. Melvin Electric 910-584-4255
Electrical Contractor's Company Name Telephone
5960 Lakeway Dr. Fayetteville NC 28304
Address Email Address
29258-L
License # _____

Mechanical/HVAC Contractor Information

Description of Work New construction
Performance Heating and Air 910-273-1826
Mechanical Contractor's Company Name Telephone
5217 Hornbeam Rd. Fayetteville NC 28304
Address Email Address
29759 H73-1
License # _____

Plumbing Contractor Information

Description of Work New construction as per plans # Baths _____
Trinity Plumbing Co LLC 910-303-5585
Plumbing Contractor's Company Name Telephone
1989 Wilmington Hwy Fayetteville NC 28306
Address Email Address
32324 P1
License # _____

Insulation Contractor Information

A-1 Insulation Inc. PO Box 180 Hope 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

Shawn Del
Signature of Owner/Contractor/Officer(s) of Corporation

~~7/12/18~~ 7/12/18
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 Shawn D. Shaun Gardner / Member Manager Date ~~7/12/17~~ 7/12/17

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 885840

Filed on: 07/16/2018

Initially filed by: shaungardner

Designated Lien Agent

Old Republic National Title Insurance Company

Online: 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>)

Project Property

Lot 11 Summerlin
316 Apache 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
Phone: 910-988-8172

Date of First Furnishing

07/25/2018

View Comments (0)

Technical Support Hotline: (888) 690-7384