09/09/11

Application # SFD1808-0033

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 11/14/18

Site Address 265 Apache Trail Phone

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

Subdivision Summerlin Lot 15

Description of Proposed Work New SFR Construction # of Bedrooms 4

Heated SF 2372 Unheated SF 437 Finished Bonus Room? No Crawl Space ___ Slab Mono

General Contractor Information

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

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
910-584-4255 — 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 — Mechanical Contractor's Company Name
910-273-1836 — Telephone
5217 Hornbeam Rd. Fayetteville NC 28304 — Address
Email Address
29759 H23-1 — License #

Plumbing Contractor Information

Description of Work New construction as per plans # Baths

Trinity Plumbing Co LLC — Plumbing Contractor's Company Name
910-303-5585 — 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

Signature of Owner/Contractor/Officer(s) of Corporation — Date 11/14/18

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 Shaun Gardner / Member Manager Date 11/14/18

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 948900

Filed on: 11/08/2018
Initially filed by: shaungardner

Designated Lien Agent

Old Republic National Title Insurance Company

Online: 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

Owner Information

Shaun Gardner
256 Briar Hill Rd.
Raeford, NC 28376
United States
Email: shaun@precisionpropertiesnc.com
Phone: 910-988-8172

Project Property

Lot 15 Summerlin
265 Apache Trail
Sanford, NC 27332
Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

11/19/2018

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.

View Comments (0)

Technical Support Hotline: (888) 690-7384