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 by whomever performing work Must be owner or licensed contracto

phone must match	Application for Residential Building and T	rades Permit 3/29/16
Owner's Name	Precision Custom Humes and Re	noughiuns LL( Date 7517)
	148 Beautiful Lone Sanford, NC 2	7332 Phone
	from Lillington 77W to 87 N La	
Cul name	rlia 125.	The Maria Court of the Maria
JOMPH	71(1/2)//-	
SubdivisionS		Lot _ 77
Description of Propo	sed Work New SFR Construction	# of Bedrooms
	Unheated SF Finished Bonus Room? General Contractor Information	Crawl Space Slab
SMG Pre	cision Properties LLC	910-988-8173
Building Contractor	Company Name	Telephone
256 Bri	ar Hill Rl. Raeford MC	shaun@precisionproperties nc.(c
Address 77380		Email Address
	-	16.
Description of Work	New Const. Service Service Size	n 70 OAmps T-Pole √ Yes No
J. Melu	n Electric	910-584-4255
Electrical Contractor	s Company Name	Telephone
5960 (	akeway Dr. Fayetteville NC 28304	1
Address 79758-L		Email Address
License #		
	Mechanical/HVAC Contractor Inform	nation
Description of Work	New construction	
Pertormance	Heating and Air	910-173-1836
Mechanical Contract	or s Company Name	Telephone
2517 Horn	beam Rd. Foxetteville NC 78304	
Address	2 )	Email Address
79759H7	3-1	
License #	Plumbing Contractor Informatio	n
Description of Work	New contruition as per plans	# Baths
	Plumbing Co Lil	910-303-5585
Plumbing Contractor	s Company Name	Talanhana
1989 Wilmi	ngton HWY Payetteville N( 78306	
Address	,	Email Address
37329 f		
	Insulation Contractor Informatio	n
A-1 Insu	lation Inc. PO Box 180 Hupe Mills	
The state of the s	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 3/27/19 has Signature of Owner/Contractor/Officer(s) of Corporation 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 SMG Precision Properties

De shown Cardner / Member Manager Date 7/5/17 3/27/19

Company or Name

Sign w/Title