

09/09/11

Application #

3FD1812-005

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 ~~7/5/11~~ 2/5/11  
Site Address 129 Beautiful Lane Sanford NC 27322 Phone \_\_\_\_\_  
Directions to job site from Lillington 27W to 87 N, Lan Milton Welch Rd., Ran Summerlin Dr.

Subdivision Summerlin Lot 29R  
Description of Proposed Work New SFR Construction # of Bedrooms 4  
Heated SF 2218 Unheated SF 457 Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab

**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  
29259 H23-1  
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-I 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

*Sh D*

~~7/15/19~~ 7/15/19

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 ~~7/15/19~~ 7/15/19

DO NOT REMOVE!

29R

### Details: Appointment of Lien Agent

Entry #: 982003

Filed on: 01/24/2019

Initially filed by: shaungardner

#### Designated Lien Agent

Old Republic National Title Insurance Company

Online: [www.liensnc.com](http://www.liensnc.com) <http://www.orenc.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) [support@orenc.com](mailto:support@orenc.com)

#### Project Property

Lot 29R Summerlin  
129 Beautiful Lane  
Sanford, NC 27332  
NC 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 States  
Email: [shaun@precisionpropertiesnc.com](mailto:shaun@precisionpropertiesnc.com)  
Phone: 910-988-8172

#### Date of First Furnishing

02/27/2019

View Comments (0)

Technical Support Hotline: (888) 690-7384