

09/09/11

Application #

SFD1811-0009

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 2/15/19
Site Address 142 Beautiful Lane Sanford, 27332 Phone _____
Directions to job site from Lillington W to 87 N, Lan Milton Welch Rd., Ran Summerlin Dr.

Subdivision Summerlin Lot 26
Description of Proposed Work New SFR Construction # of Bedrooms 3
Heated SF 2122 Unheated SF 422 Finished Bonus Room? Crawl Space _____ Slab stem wall

General Contractor Information

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

Electrical Contractor Information

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

Mechanical/HVAC Contractor Information

Description of Work New construction
Performance Heating and Air Telephone 910-273-1826
Mechanical Contractor's Company Name 5217 Hornbeam Rd. Fayetteville NC 28304
Address 29759 H23-1 Email Address _____
License # _____

Plumbing Contractor Information

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

Insulation Contractor Information

A-1 Insulation Inc. PO Box 180 Hupe Mills NC Telephone _____
Insulation Contractor's Company Name & Address

*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 D

2/5/19

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 *2/5/19*

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DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 981992

Filed on: 01/24/2019

Initially filed by: shaungardner

Designated Lien AgentOld 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>)**Owner Information**Shaun Gardner
256 Briar Hill Rd.
Raeford, NC 28376
United States
Email: shaun@precisionpropertiesnc.com
Phone: 910-988-8172**Project Property**Lot 26 Summerlin
142 Apache Trail
Sanford, NC 27332
Harnett County**Property Type**

1-2 Family Dwelling

Date of First Furnishing

02/05/2019

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