



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 contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Galt Land Development, LLC Date: 6/1/2020

Site Address: 40 White cloud Lane Phone: 910-988-8172

Subdivision: Summerlin Lot: 50

Description of Proposed Work: New Single Family Residential Total Job Cost: \$ 165,000

General Contractor Information

SMG Precision Properties, LLC

910-988-8172

Building Contractor's Company Name

Telephone

206 Shoreline Dr. Raeford, NC 28376

Shaun@PrecisionCustomHomesNC.com

Address

Email Address

72380

License #

Electrical Contractor Information

Description of Work New Construction Service Service Size: 200 Amps T-Pole: Y 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 Service

Performance Heating and Air

910-273-1836

Mechanical Contractor's Company Name

Telephone

6700 Darryl Ln. Wade, NC 28395

Address

Email Address

29759 H23-1

License #

Plumbing Contractor Information

Description of Work New Construction Service Chris Holloway # Baths 2.5

Trinity Plumbing

~~910-303-5585~~

Plumbing Contractor's Company Name 737 Old NC

Telephone

1900 Wilmington Hwy. Fayetteville, NC 28306

Address

Email Address

~~32324 P1~~ 28541

St. Pauls NC 28384

License #

Insulation Contractor Information

A-1 Insulation

P.O. Box 180 Hope Mills, NC 28348

Insulation Contractor's Company Name & Address

Telephone

***NOTE: General Contractor / owner 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. Deal

6/1/2020

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.

Sign w/Title: *Sh. Deal / owner*

Date: *6/1/2020*