



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: 15 White Cloud Lane Phone: 910-988-8172

Subdivision: Summerlin Lot: 55

Description of Proposed Work: New Single Family Residential Total Job Cost: \$160,000

**General Contractor Information**

SMG Precision Properties, LLC

910-988-8172

Building Contractor's Company Name  
206 Shoreline Dr. Raeford, NC 28376

Telephone  
Shaun@PrecisionCustomHomesNC.com

Address  
72380

Email Address

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  
5960 Lakeway Dr. Fayetteville, NC 28304

Telephone

Address  
29258-L

Email Address

License #

**Mechanical/HVAC Contractor Information**

Description of Work New Construction Service  
Performance Heating and Air 910-273-1836

Mechanical Contractor's Company Name  
6700 Darryl Ln. Wade, NC 28395

Telephone

Address  
29759 H23-1

Email Address

License #

**Plumbing Contractor Information**

Description of Work New Construction Service # Baths 3  
Trinity Plumbing 910-303-5585

Plumbing Contractor's Company Name  
1989 Wilmington Hwy. Fayetteville, NC 28306

Telephone

Address  
32324 P1

Email Address

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 D*

*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 D / owner*

Date: *6/1/2020*