



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: 18700 Oak Forest Dr. Phone: 910-988-8172

Subdivision: Summerlin Lot: 59

Description of Proposed Work: New Single Family Residential Total Job Cost: \$155,000

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 _____ 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 _____ Telephone _____
1989 Wilmington Hwy. Fayetteville, NC 28306 737 Old NC20

Address _____ Email Address _____
32324 Pt 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.

M D
Signature of Owner/Contractor/Officer(s) of Corporation

6/1/2020
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: M D / owner

Date: 6/1/2020