



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: 66 ~~600~~ oak forest Dr. Phone: 910-988-8172  
Subdivision: Summerlin Lot: 60  
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 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 # Baths 2.5  
Trinity Plumbing 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-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. Paul  
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: Sh. Paul Owner Date: 6/1/2020