

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/occupier 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 Date: 12/21/20
Site Address: 105 Nauaho Trail Phone: 910-988-8172
Subdivision: Summerlin Lot: 45
Description of Proposed Work: New SFR Construction Total Job Cost: \$155,000

General Contractor Information

Building Contractor's Company Name: SMG Precision Properties Telephone: 910-988-8172
Address: 206 Shoreline Dr. Rarford NC 28376 Email Address: shaun@precisioncustomhomesNC.com
License #: 72380 HEATED SQ FT 2,122 GARAGE SQ FT 422

Electrical Contractor Information

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

Mechanical/HVAC Contractor Information

Description of Work: New Service
Performance Heating & Air Telephone: 910-273-1836
Mechanical Contractor's Company Name: _____
Address: 6700 Darryl Ln. Wade, NC 28395 Email Address: _____
License #: 29759 H23-1

Plumbing Contractor Information

Description of Work: New Construction Service # Baths: 2.5
Plumbing Contractor's Company Name: Chris Holloway Plumbing Telephone: 910-303-5585
Address: 737 Old NC 70, St. Pauls, NC 28384 Email Address: _____
License #: 28541

Insulation Contractor Information

Insulation Contractor's Company Name & Address: A-1 Insulation P.O. Box 180 Hope Mills NC 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 De

12/17/2020

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 De owner*

Date: *12/17/2020*