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 informat

Application	for	Residential	Building	and	<b>Trades</b>	Permit

tion on license.	11 / 16/2 6		
Owner's Name Galt Land Development, LLC	Date: 11/2018/20		
Site Address: 122 Navaho Trail Sanford N( 27	337 Phone: 910 - 987 - 8172		
Subdivision: Summerlin	Lot: 4 0		
	Total Job Cost 170, 600		
General Contractor Informatio	n		
SMC Precision Properties	910-988-8172 Telephone		
Building Contractor's Company Name	Telephone		
206 Shoreline Dr.	Shaun@precision customhumes NC. Email Address		
Address	Email Address		
72380 HEATED SQ FT 743 GARAGE S	QFT 606		
License #			
Description of Work New construction service Service Size:	700 Amps T-Pole: √ Yes No		
J. Melvin Electric	210 -28 4 - 4522		
Flectrical Contractor's Company Name	Telephone		
5966 Loke way Us. Faretteville NC 28304	Si coule I succession		
Address	Email Address		
29 258 - L			
Licènse #			
Mechanical/HVAC Contractor Inform	nation		
Description of Work New Construction Service	12		
Performance Heating + Air	914-273-1836		
Mechanical Contractor's Company Name	Telephone		
6700 Darryl Ln. Wade, NC 28395			
Address	Email Address		
79759 Ht3-) License #			
Plumbing Contractor Information	on		
Description of Work Many Construction Secure			
Chris Holloway Plumbing			
Plumbing Contractor's Company Name	910 - 303 - 9 5585 Telephone		
737 Old NC ZO, St. Pouls, NC 28384	rolophone		
Address	Email Address		
2854)			
License #			
Insulation Contractor Informati			
A-1 Insulation P.O. Box 180 Hope Mills Ne			
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.

Show Dans	ulipho						
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 Of	ficer/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: Show Led 10 wncr	Date:						

## DO NOT REMOVE!

# **Details: Appointment of Lien Agent**

Entry #: 1351663

Filed on: 11/17/2020 Initially filed by: shaungardner

#### **Designated Lien Agent**

Old Republic National Title Insurance Company

Online: www.liensnc.com

Address: 223 S. West Street, Suite 900 /

Raleigh, NC 27603 Phone: 888-690-7384 Fax: 913-489-5231

Email: support@liensnc.com

### **Property Type**

Project Property

Summerlin Lot 40

122 Navaho Trail Sanford, NC 27332

Harnett County

1-2 Family Dwelling

**Date of First Furnishing** 

#### Owner Information

Shaun Gardner 206 Shoreline Dr. Raeford, NC 28376 **United States** Email: shaun@precisioncustomhomesnc.com Phone: 910-988-8172

11/25/2020

#### Print & Post



#### Contractors:

Please post this notice on the Job Site.

## Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this

View Comments (0)

Technical Support Hotline: (888) 690-7384