

# Harnett COUNTY

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, LLC Date: 11/18/20  
Site Address: 138 Navaho Trail Sanford NC 27332 Phone: 910-988-8177  
Subdivision: Summerlin Lot: 41  
Description of Proposed Work: New SFR Total Job Cost: 170,000

### General Contractor Information

Building Contractor's Company Name SMG Precision Properties Telephone 910-988-8177  
206 Shoreline Dr. Email Address shaun@precisioncustomhomesnc.com  
Address 72380 HEATED SQ FT 2522 GARAGE SQ FT 452  
License # \_\_\_\_\_

### Electrical Contractor Information

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

### Mechanical/HVAC Contractor Information

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

### Plumbing Contractor Information

Description of Work New Construction Service # Baths 3  
Chris Holloway Plumbing Telephone \_\_\_\_\_  
Plumbing Contractor's Company Name  
732 Old NC 20 St. Pauls NC 28384 Email Address \_\_\_\_\_  
Address 28541  
License # \_\_\_\_\_

### Insulation Contractor Information

Insulation Contractor's Company Name & Address A-1 Insulation P.O. Box 180 Hope Mills NC 28348 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.

*Shan Deel*

*11/18/20*

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:

*Shan Deel / owner*

Date:

*11/18/20*

**DO NOT REMOVE!**

**Details: Appointment of Lien Agent**

Entry #: 1351680

Filed on: 11/17/2020

Initially filed by: shaungardner

**Designated Lien Agent**

Old Republic National Title Insurance Company

Online: [www.liensnc.com](http://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](mailto:support@liensnc.com)

**Project Property**

Summerlin Lot 41  
138 Navaho Trail  
Sanford, NC 27332  
Harnett County

**Property Type**

1-2 Family Dwelling

**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 project.

**Owner Information**

Shaun Gardner  
206 Shoreline Dr.  
Raeford, NC 28376  
United States  
Email:  
[shaun@precisioncustomhomesnc.com](mailto:shaun@precisioncustomhomesnc.com)  
Phone: 910-988-8172

**Date of First Furnishing**

11/25/2020

View Comments (0)

Technical Support Hotline: (888) 690-7384