

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: 9/1/20
Site Address:	18 White Cloud	Lanel Sanford, NC 27332	Phone: 910-988-8172
Subdivision: Sum	nmerlin		Lot:
Description of Pr		New Single Family Residential	Total Job Cost: 170000
SMG Pred	cision Properties,	General Contractor Informatio	<u>n</u> 910-988-8172
Building Contract	tor's Company	Name	Telephone
206 S	Shoreline Dr. Rae	ford, NC 28376	Shaun@PrecisionCustomHomesNC
Address 72380			Email Address
License #		* <b></b>	
Description of W	lork New Co	Electrical Contractor Information  onstruction Service Service Size:	
	Melvin Electric	Service Size.	910-584-4255
Electrical Contra	ctor's Company	v Name	Telephone
	akeway Dr. Fayet		
Address 29258-L	2		Email Address
License #			
		Mechanical/HVAC Contractor Inform	<u>nation</u>
Description of W	orkNew Co	onstruction Service	
Performance Heating and Air (HVAC)			910-273-1836/
Mechanical Con	tractor's Compa	any Name	Telephone
6700 Darryl Ln.	Wade, NC 28395 /	2221 S. Horner Blvd., Sanford, NC 27330	
Address 29759 H23-1 / 3	3164		Email Address
License #			
		Plumbing Contractor Information	on s
Description of W	ork New Cons	truction Service	# Baths_ <sup>2.5</sup>
Chris Holloway Plumbing			910-303-5585
Plumbing Contractor's Company Name			Telephone
	NC 20, St. Pauls, N	IC 28384	
Address 28541			Email Address
License #			
		Insulation Contractor Information	<u>on</u>
A-1 Insulation		ox 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 <a href="by signing below I have obtained all subcontractors">by signing below I have obtained all subcontractors</a> <a href="permission to obtain these permits">permission to obtain these permits</a> and if <a href="any">any</a> 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.

Mr Dow 10/12 1707C					
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:					
X 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.					
$\frac{x}{\text{them.}}$ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover					
X 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: No DI owner Date: Lo/12/26					



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Owner's Name:	l Galt Land Development, LLC	Date: 9/1/20
Site Address: 182	2 Navaho Trail Sanford, NC 27332	Phone: 910-988-8172
Subdivision: Summer	lin	Lot: 44
Description of Propos	N. C. I. F. II. B. II. M. I.	Total Job Cost:
	General Contractor Information	
SMG Precision	Properties, LLC	910-988-8172
<b>Building Contractor's</b>	Company Name	Telephone
206 Shore	line Dr. Raeford, NC 28376	Shaun@PrecisionCustomHomesNC.com
Address 72380		Email Address
License #		
Description of Work	Rew Construction Service Service Size:	<u>on</u> : <sup>200</sup>
CHE TO A TO W	n Electric	910-584-4255
Electrical Contractor	s Company Name	Telephone
	vay Dr. Fayetteville, NC 28304	
Address		Email Address
29258-L	<u> </u>	
License #	Machanical/IV/AC Contractor Inform	modèle m
	Mechanical/HVAC Contractor Information New Construction Service	<u>mation</u>
Description of Work		910-273-1836/
	ormance Heating and Air (HVAC)	
Mechanical Contract	or S Company Name e, NC 28395 / 2221 S. Horner Blvd., Sanford, NC 27330	Telephone
Address	2, NC 20393 / 2221 3. Horner biva., Samora, NC 2/330	Email Address
29759 H23-1 / 33164		Littali Address
License #		
	Plumbing Contractor Informati	<u>on</u>
Description of Work	New Construction Service	# Baths_2.5
Chris Hollow		910-303-5585
Plumbing Contractor	's Company Name	Telephone
	O, St. Pauls, NC 28384	
Address 28541		Email Address
License #		
	Insulation Contractor Informati	on
A-1 Insulation	P.O. Box 180 Hope Mills, NC 28348	Talankana
insulation Contractor	's Company Name & Address	Telephone

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Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:					
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Sign w/Title: Date:					