

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: 11/12/20
Site Address: 168 Mauaho Trail Sanford NC 27332 Phone: 910-988-8172
Subdivision: Summerlin Lot: 43
Description of Proposed Work: New SFR Total Job Cost: \$170,000

General Contractor Information

Building Contractor's Company Name: SMG Precision Properties Telephone: 910-988-8172
206 Shoreline Dr. Email Address: shauna@precisioncustomhomesnc.com
Address: 72380 HEATED SQ FT 2611 GARAGE SQ FT 493
License # _____

Electrical Contractor Information

Description of Work: New construction service Service Size: 200 Amps T-Pole: Yes No
Telephone: 910-584-4255
Electrical Contractor's Company Name: J. Melvin Electric
Address: 5960 Lakeway Dr. Fayetteville NC 28304 Email 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: _____
Address: 6700 Darryl Ln. Wade, NC 28395 Email Address: _____
29759 H23-1
License # _____

Plumbing Contractor Information

Description of Work: New Construction Service # Baths: 2.5
Trinity Plumbing Telephone: 910-303-5585
Plumbing Contractor's Company Name: _____
Address: 1989 Wilmington Hwy Fayetteville, NC 28306 Email Address: _____
32324 P1
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 Deal

Signature of Owner/Contractor/Officer(s) of Corporation

11/18/20

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 Deal / owner*

Date: *11/18/20*

DO NOT REMOVE!**Details: Appointment of Lien Agent**

Entry #: 1351681

Filed on: 11/17/2020

Initially filed by: shaungardner

Designated Lien AgentOld Republic National Title Insurance
Company**Online:** www.liensnc.com www.orenc.com**Address:** 223 S. West Street, Suite 900 /
Raleigh, NC 27603**Phone:** 888-690-7384**Fax:** 913-489-5231**Email:** support@liensnc.com info@orenc.com**Project Property**Summerlin Lot 43
168 Navaho Trail
Sanford, NC 27332
Harnett County**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.**Property Type**

1-2 Family Dwelling

Owner InformationShaun Gardner
206 Shoreline Dr.
Raeford, NC 28376
United States
Email:
shaun@precisioncustomhomesnc.com
Phone: 910-988-8172**Date of First Furnishing**

11/25/2020

View Comments (0)

Technical Support Hotline: (888) 690-7384