

Application #

* 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. Harnett County Central Permitting PO Box 65 Lillington. NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

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Owner's Name Calt Land Development	Date: MITTO
Site Address: Ill Summerly Dr.	Phone: 910-988-8172
Subdivision: Summerlin	Lot: 58
Description of Proposed Work: New SFR (un)truction	Total Job Cost: \$ 165,000
General Contractor Information	
SMG Precision Properties	910-988-8172
Duilding Contractor's Company Name	Telephone
706 Shoreline Dr. Raefurd NC 28376	shaune precision cus tom humes N(.cor
Address	Email Address
72380 HEATED SQ FT 7,490 GARAGE SQ	FT 418
License #	
Description of Work New Service Service Service Size:	700
Description of Work 1000 Service Size:	Amps 1-Pole: Yes No
J. Melvin Electric	2224 - 685-016
Electrical Contractor's Company Name	Telephone
S960 Laheway Ur. Fayetteville, NC 78304	
Address	Email Address
19758-6	
License # Mechanical/HVAC Contractor Inform	ation
•	
Description of Work New Service	910-273-1836
Performance Heating + Air	
Mechanical Contractor's Company Name	Telephone
6700 Darry Ln. Wade, NC 28395	
Address	Email Address
79759 HZ3-1	
License # Plumbing Contractor Informatio	n
Alexander and the second second	
	_# Baths
Chris Holloway Plumbing	7828-010-303-5585
Plumbing Contractor's Company Name 737 Old N(70, St. Pauls, N(28389)	Telephone
737 Gld N(70, St. Pauls, NC 2030)	
Address	Email Address
14582	
License # Insulation Contractor Information	n
	<u></u> V (
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.	
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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	
Sign w/Title: Date: 12/17/2020	