



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 Date: 12/21/20
Site Address: 42 Navaho Trail Phone: 910-988-8172
Subdivision: Summerlin Lot: 35
Description of Proposed Work: New SFR Construction Total Job Cost: \$175,000

General Contractor Information

SMG Precision Properties 910-988-8172
Building Contractor's Company Name Telephone
206 Shoreline Dr. Raeford NC 28376 shaun@precisioncustomhomesNC.com
Address Email Address
72380 **HEATED SQ FT 2,431 GARAGE SQ FT 606**

License # _____

Electrical Contractor Information

Description of Work New Service Service Size: 200 Amps T-Pole: Yes No
J. Melvin Electric 910-584-4255
Electrical Contractor's Company Name Telephone
5960 Lakeway Dr. Fayetteville, NC 28304
Address Email Address
29758-L

License # _____

Mechanical/HVAC Contractor Information

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

License # _____

Plumbing Contractor Information

Description of Work New Construction Service # Baths 3
Chris Holloway Plumbing 910-303-5585
Plumbing Contractor's Company Name Telephone
737 Old NC 20, St. Pauls, NC 28384
Address Email Address
28541

License # _____

Insulation Contractor Information

A-1 Insulation P.O. Box 180 Hope Mills NC
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.

sh D

12/17/2020

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: *sh D owner*

Date: *12/17/2020*