



Application # \_\_\_\_\_

Harnett County Central Permitting  
420 McKinney Pkwy Lillington, NC 27546  
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

\* 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 / Shaun Gardner Date 1/13/25  
Site Address: 165 Mahogany Ct. Cameron, NC 28326 Phone 910-988-8172  
Subdivision: Magnolia Hills Lot 27  
Description of Proposed Work: New SFR Total Job Cost \$225,000

**General Contractor Information**

SMG Precision Properties, LLC / Shaun Gardner 704-451-4444  
Building Contractor's Company Name Telephone  
206 Shoreline Dr. Raeford, NC 28376 Shaun@precisioncustomhomesnc.com  
Address Email Address  
72380 **HEATED SQ FT 2,455** **GARAGE SQ FT 438**  
License #

**Electrical Contractor Information**

Description of Work New SFR Electrical Service Size: 200 Amps T-Pole: X Yes \_\_\_ No  
New SFR Electrical 910-584-4255  
Electrical Contractor's Company Name Telephone  
J. Melvin Electric Jmelvinelectric@yahoo.com  
Address Email Address  
29258  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New SFR HVAC systems install  
Performance Heating & Air 910-273-1836  
Mechanical Contractor's Company Name Telephone  
5217 Hornbeam Rd. Fayetteville, NC 28304 Performanceheatingair@yahoo.com  
Address Email Address  
29759H23-1  
License #

**Plumbing Contractor Information**

Description of Work New SFR Plumbing # Baths 3  
Carolina Plumbing Solutions / Justin McKnight 910-703-5690  
Plumbing Contractor's Company Name Telephone  
1915 June Johnson Rd. Raeford, NC 28376 justinmcknight@cpsfayetteville.com  
Address Email Address  
35556  
License #

**Insulation Contractor Information**

Stornoway Construction 910-988-4070  
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.**

*Shaw Dard*

1/13/25

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: Shaw Dard Owner

Date: 1/13/25



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.**

\_\_\_\_\_  
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

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\_\_\_\_\_ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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Sign w/Title: \_\_\_\_\_ Date: \_\_\_\_\_