



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 PermitOwner's Name: Galt Land Development, LLC / Shaun Gardner Date 9/23/25Site Address: 78 Alder Dr. Cameron, NC 28326 Phone 910-988-8172Subdivision: Magnolia Hills Lot 65Description of Proposed Work: New SFR Total Job Cost \$205,000**General Contractor Information**SMG Precision Properties, LLC / Shaun Gardner704-451-4444

Building Contractor's Company Name

Telephone

206 Shoreline Dr. Raeford, NC 28376Shaun@precisioncustomhomesnc.com

Address

Email Address

72380HEATED SQ FT 2,480GARAGE SQ FT 489

License #

Electrical Contractor InformationDescription of Work New SFR Electrical Service Size: 200 Amps T-Pole: X Yes NoNew SFR Electrical910-584-4255

Electrical Contractor's Company Name

Telephone

J. Melvin ElectricJmelvinelectric@yahoo.com

Address

Email Address

29258

License #

Mechanical/HVAC Contractor InformationDescription of Work New SFR HVAC systems installPerformance Heating & Air910-273-1836

Mechanical Contractor's Company Name

Telephone

5217 Hornbeam Rd. Fayetteville, NC 28304Performanceheatingair@yahoo.com

Address

Email Address

29759H23-1

License #

Plumbing Contractor InformationDescription of Work New SFR Plumbing# Baths 2.5Carolina Plumbing Solutions / Justin McKnight910-703-5690

Plumbing Contractor's Company Name

Telephone

1915 June Johnson Rd. Raeford, NC 28376justinmcknight@cpsfayetteville.com

Address

Email Address

35556

License #

Insulation Contractor InformationStornoway Construction910-988-4070

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

9/23/25

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: 9/23/25



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Sign w/Title: _____ Date: _____