

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

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

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Wellco Contractors Date: 2/15/2024
Site Address: 3211 - 3213 Ray Road, Spring Lake, NC 28390 Phone: 910-436-3131
Directions to job site from Lillington: SEE DIRECTIONS ATTACHED

Subdivision: _____ Lot: _____

Description of Proposed Work: Assembly space for indoor play

Heated SF 2,859 Unheated SF _____
General Contractor Information: Building Cost \$ 10,000

Wellco Contractors Inc 910-436-3131
Building Contractor's Company Name Telephone
PO Box 766, Spring Lake, NC 28390 jason@swellonsrealty.com
Address Email Address
Jason Wellons 7402
Jason Wellons (Feb 15, 2024 - 4:37 EST)

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

Electrical Contractor Information: Electrical Cost \$ 9,000
Description of Work Total Electrical Service Size: 200 Amps #T-Poles _____

JM Pope Electric LLC 919-776-5144
Electrical Contractor's Company Name Telephone
409 Chatham St., Sanford, NC marshallpope74@gmail.com
Address Email Address
Jerry Hall 21326L
Jerry Hall (Feb 15, 2024 - 14:09 EST)

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

Mechanical Contractor Information: Mechanical Cost \$ 10,500
Description of Work Total HVAC # Units _____

Total Systems Heating and Cooling 910-436-3450
Mechanical Contractor's Company Name Telephone
13341 Hwy 210 S., Spring Lake, NC 28390 service@totalsystemnc.com
Address Email Address
Jerry Hall 28846
Jerry Hall (Feb 15, 2024 - 13:48 EST)

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

Plumbing Contractor Information: Plumbing Cost \$ 1,500
Description of Work Total Plumbing # Baths _____

MLS Plumbing 910-484-1124
Plumbing Contractor's Company Name Telephone
1500 Gillespie St., Fayetteville, NC 28306 mlsplumbing@hotmail.com
Address Email Address
NC NC288833P1
MLS Plumbing (Feb 15, 2024 - 14:22 EST)

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

Insulation Contractor Information

N/A
Insulation Contractor's Company Name & Address Telephone

***NOTE: General Contractor must fill out and sign the second page of this application**

Sprinkler Contractor Information

N/A

Sprinkler Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Fire Alarm Contractor Information

N/A

Fire Alarm Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Driveway Access - NC Department of Transportation Driveway Access/Permit? ____ Yes No

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 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 charged at full price per current fee schedule.

Jason Wellons
Jason Wellons (Feb 16, 2024 14:37 EST)
Signature of Owner/Contractor/Officer(s) of Corporation _____

2/15/2024
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.

Company or Name: Wellco Contractors

Sign w/Title: Jason Wellons Project Manager Date: 2/15/2024