

\*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.

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

**Application for Building and Trades Permit**

Owner's Name: Anderson Creek Capital / Wellons Date: \_\_\_\_\_  
Site Address: Ray Rd, Spring Lake, NC 28370 Phone: 910-436-3131  
Directions to job site from Lillington: \_\_\_\_\_

Subdivision: Anderson Creek Plaza Lot: N/A  
Description of Proposed Work: Commercial Lease Space  
Heated SF 5,666 Unheated SF \_\_\_\_\_  
**General Contractor Information:** Building Cost \$ 450,000

Welleo Contractors  
Building Contractor's Company Name  
PO Box 766 Spring Lake, NC 28390  
Address  
Chris J. Wellons  
Signature of Owner/Contractor/Officer(s) of Corporation

910-436-3131  
Telephone  
rason@wswellonsrealty.com  
Email Address  
7402  
License #

**Electrical Contractor Information:** Electrical Cost \$ 22,146.00  
Description of Work: gear + panels installed shell Bldg. Service Size: 800 Amps #T-Poles yes  
Rowe Electric  
Electrical Contractor's Company Name  
1457 Hayes Rd. Spring Lake, NC 28390  
Address

910-835-4024  
Telephone  
roweelect@yahoo.com  
Email Address  
07510-U  
License #

Chris Rowe  
Signature of Owner/Contractor/Officer(s) of Corporation

**Mechanical Contractor Information:** Mechanical Cost \$ \_\_\_\_\_

Description of Work: N/A # Units \_\_\_\_\_  
Mechanical Contractor's Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_

Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Plumbing Contractor Information:** Plumbing Cost \$ 5,550.00

Description of Work: Stub Sewer + Water into shell Bldg. # Baths N/A  
MLS Plumbing  
Plumbing Contractor's Company Name  
1500 Gillespie St, Fay, NC 28306  
Address  
MLS  
Signature of Owner/Contractor/Officer(s) of Corporation

910-484-1124  
Telephone  
mlsplumbing@hotmail.com  
Email Address  
28833P1  
License #

**Insulation Contractor Information**

Parker Bros. Insulation  
Insulation Contractor's Company Name & Address  
910-564-4122  
Telephone

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

**Sprinkler Contractor Information**

Sprinkler Contractor's Company Name

*N/A*

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

**Fire Alarm Contractor Information**

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.

*Mula G. Walker*  
Signature of Owner/Contractor/Officer(s) of Corporation

*7/31/18*  
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: *Welko Contractors Inc.*

Sign w/Title: *Mula G. Walker*

Date: *7/31/18*