

09/09/11

Application #

17-500-414-57

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 or licensed contractor. Address company name & phone must match.

Application for Residential Building and Trades Permit

Owner's Name Wellons Realty Inc. Date 6-9-17
Site Address 89 Eaton Dr. Angier N.C. Phone _____
Directions to job site from Lillington Come out of Lillington, on 421 toward Dunn, turn left on Old Stage Rd, continue till you get to 55 Hwy, cross over go approx. 3/4 Oxford Mills Sub. on left turn into sub, go to last Street turn R.
Subdivision Oxford Woods Lot 20
Description of Proposed Work SFD # of Bedrooms 3
Heated SF 1772 Unheated SF 506 Finished Bonus Room? Crawl Space _____ Slab

General Contractor Information

Wellons Realty Inc. Telephone 910-892-3123
Building Contractor's Company Name _____
P.O. Box 730 Dunn N.C. Email Address dstephason@wellonsrealty.com
Address _____
7746 Unlimited
License # _____

Electrical Contractor Information

Description of Work SFD Service Size 200 Amps T-Pole Yes No
Jason Pope Electrical Telephone 919-820-0837
Electrical Contractor's Company Name _____
81 Beaver Creek Drive Dunn Email Address jhpelectrical@hotmail.com
Address _____
27284 U
License # _____

Mechanical/HVAC Contractor Information

Description of Work SFD
J+M HVAC Telephone 910-897-5501
Mechanical Contractor's Company Name _____
724 Turlington Rd. Dunn N.C. Email Address jandmhvac@centurylink.net
Address _____
17164
License # _____

Plumbing Contractor Information

Description of Work SFD # Baths 2
Wagner plumbing Telephone 910-890-2299
Plumbing Contractor's Company Name _____
555 Tirzah Rd Lillington N.C. Email Address wagnerplumbingco@yahoo.com
Address _____
315760
License # _____

Insulation Contractor Information

Tri-City Insulation Telephone 910-486-8855
Insulation Contractor's Company Name & Address _____

*NOTE General Contractor 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

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

6-9-17
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 Wellons Realty Inc.

Sign w/Title *[Signature]* Superintendent Date _____

DO NOT REMOVE!

Details: Appointment of Lien Agent
Entry #: 667284

Filed on: 06/09/2017
Initially filed by: WellonsR

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com

Address: 19 W. Hargett St, Suite 507 / Raleigh, NC
27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com

Project Property

Oxford Woods Subdivision Lot 20 Old Stage
Road
89 Eaton Drive
Angier, NC 27501
Harnett County
Lot 20

Property Type

1-2 Family Dwelling

Print & Post



Contractors:

Please post this notice on the Job Site

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner Information

Wellons Realty, Inc.
P.O. Box 730
Dunn, NC 28335
United States
Email: dllucas@wellonsconstruction.com
Phone: 910-892-3123

Date of First Furnishing

06/21/2017

View Comments (0)

Technical Support Hotline: (888) 690-7384