

08/09/11

Application #

17-5004245

Harnett County Central Permitting
PO Box 88 Lillington NC 27546
810 893 7525 Fax 810 893 2763 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 WELCO CONTRACTORS INC Date _____
Site Address 15 SWAIN STREET SPRING LAKE NC Phone 910.436.3131
Directions to job site from Lillington _____
SEE ATTACHED

Subdivision OVERHILLS CREEK Lot 508
Description of Proposed Work SFD # of Bedrooms 4
Heated SF 2800 Unheated SF 821 Finished Bonus Room? NO Crawl Space _____ Slab

General Contractor Information

WELCO CONTRACTORS INC 910.436.3131
Building Contractor's Company Name Telephone
P.O. BOX 766 SPRING LAKE NC 28390 JASON@WSWELLONSREALTY.COM
Address Email Address
7402
License # _____

Electrical Contractor Information

Description of Work ELECTRICAL Service Size 200 Amps T-Pole Yes No
SANDY RIDGE ELETRICAL 910.323.2458
Electrical Contractor's Company Name Telephone
454 WHITEHEAD RD FAYETTEVILLE NC 28312 KEITH@SANDYRIDGE.COM
Address Email Address
NC10006U
License # _____

Mechanical/HVAC Contractor Information

Description of Work HVAC
TOTAL SYTEMS HAETING & COOLING 910.436.3950
Mechanical Contractor's Company Name Telephone
13341 HWY 210S SPRING LAKE NC 28390 SERVICE@TOTALSYSTEMSNC.COM
Address Email Address
NC28846
License # _____

Plumbing Contractor Information

Description of Work PLUMBING # Baths 2.5
KEVIN JONES PLUMBING INC 910.978.3288
Plumbing Contractor's Company Name Telephone
6879 FAMILY STREET KEVINJONESPLUMBING@NC.IT.COM
Address Email Address
27018P-1
License # _____

Insulation Contractor Information

PARKER BROTHERS BY RICHARD PARKER 910.990.5928
Insulation Contractor's Company Name & Address Telephone

*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 Hamett 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 Hamett 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

Chas. J. Willson
Signature of Owner/Contractor/Officer(s) of Corporation

9-21-17
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 *Willson Contractor Inc.*

Sign w/Title *Chas. J. Willson Manager* Date 9-21-17