

09/09/11

Application #

17-50042146

Harnett County Central Permitting  
PO Box 66 Lillington NC 27546  
810 693 7525 Fax 910 693 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 WELLCO 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**

WELLCO 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 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

*Chas. G. Walker*  
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 *Walker Contractors Inc.*

Sign w/Title *Chas. G. Walker Manager* Date 9-21-17