



\*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 # \_\_\_\_\_

**Application for Building and Trades Permit**

Owner's Name: WS/AC LLC Date: 10-18-2023  
Site Address: 3266 Ray Rd. Spring Lake NC Phone: \_\_\_\_\_  
Description of Proposed Work: Little Heathens Brewery

**General Contractor Information:** Building Cost \$ 175,000  
Wellco Contractors Inc. Telephone 910-436-3131  
Building Contractor's Company Name  
PO Box 766 Spring Lake NC 28390 Address Email Address jason@wswellonsrealty.com  
Jason W Signature of Owner/Contractor/Officer(s) of Corporation License # 7482

**Electrical Contractor Information:** Electrical Cost \$ 36,000  
Description of Work Total Electric Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_  
JM Pope Elec LLC Telephone 919-776-5144  
Electrical Contractor's Company Name  
409 Chatham St. Sanford NC Address Email Address marshallpope74@gmail.com  
James M. Pope II Signature of Owner/Contractor/Officer(s) of Corporation License # 21326L

**Mechanical Contractor Information:** Mechanical Cost \$ 30,000  
Description of Work Total HVAC # Units 2  
Total systems HEATING & COOLING Telephone 910-436-3450  
Mechanical Contractor's Company Name  
13341 Hwy 2105. Spring Lake NC Address Email Address service@totalsystemsnc.com  
Dennis Signature of Owner/Contractor/Officer(s) of Corporation License # 28846

**Plumbing Contractor Information:** Plumbing Cost \$ 32,000  
Description of Work Total plumbing # Baths 2  
MLS Plumbing Co Inc. Telephone 910-484-1124  
Plumbing Contractor's Company Name  
1500 Gillespie St. Fay NC 28806 Address Email Address mlsplumbing@hotmail.com  
Michael Signature of Owner/Contractor/Officer(s) of Corporation License # NC 288833 P1

**Insulation Contractor Information**  
Parker Brothers Insulation Telephone 910-564-4132  
Insulation Contractor's Company Name & Address

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



**Sprinkler Contractor Information**

_____	_____
Sprinkler Contractor's Company Name	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.

\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

\_\_\_\_\_  
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.

Sign w/Title:

Date: 10-19-2023