



Application # _____

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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Wellons Realty Inc Date: 2/14/2022
Site Address: 1426 POPE ROAD, DUNN NC Phone: 910-892-3123
Subdivision: _____ Lot: 2
Description of Proposed Work: 10x10 POOL BATH HOUSE Total Job Cost: 8,000

General Contractor Information

Robert Paul Wellons 910-892-3123
Building Contractor's Company Name Telephone
PO Box 730, Dunn, NC 28335-0730 ttart@wellonsrealty.com
Address Email Address
7746 HEATED SQ FT 100 GARAGE SQ FT NA
License # _____

Electrical Contractor Information Plumbing Contractor Information

Description of Work Wire bath house Service Size: 90 Amps T-Pole: Yes No
Jason H Pope Electrical Contractors 919-820-0837
Electrical Contractor's Company Name Telephone
81 Beaver Creek Dr. Dunn, NC 28334 jhpelectrical@hotmail.com
Address Email Address
27284-U
License # _____

Mechanical/HVAC Contractor Information

Description of Work VENT BATH FAN
J & M Heating and Air Conditioning 910-897-5501
Mechanical Contractor's Company Name Telephone
724 Turlington Rd. Dunn, NC 28334 jandmhvac@centurylink.net
Address Email Address
L.17164
License # _____

Description of Work install water closet + sink # Baths 1
MLS Plumbing Co. Inc 910-309-4392
Plumbing Contractor's Company Name Telephone
1500 Gillespie St, Fayetteville, NC mlsplumbing@hotmail.com
Address Email Address
L.28833
License # _____

Insulation Contractor Information

Insulating Inc 5902 Fayetteville Rd, Raleigh, NC 919-772-9000
Insulation Contractor's Company Name & Address Telephone

*NOTE: General Contractor / owner 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.

Timothy M. Tart

2/14/2022

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: *Timothy M. Tart* Estimating Mgr

Date: 2/14/2022