

Application # SFD1906-2019

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 information on license.

Application for Residential Building and Trades Permit

on license.	Date: 4-2-201
Owner's Name: Four W's INC.	_ Date: _ 7
Site Address: 30 Wheat Dr. Amier N.C. Phone	e: <u>9/0 - 892 - 043</u>
Subdivision: Planters Dlen II Lot:	44
Description of Proposed Work:	
General Contractor Information	
Wellows Realty INC. (R.P. Wellows) 910-89.2	1-3123
Building Contractor's Company Name	// //
P.O. Box 730 Dunn N.C. rpwellows@	wellows really . Com
Address	
7746 unlimited	
License #  Electrical Contractor Information	/
Description of Work 5FD Service Size: 200 Amps T	-Pole: Ves No
Jh Peledrink	-0837
Telephone	
81 Beaver Creek Dr. Dunn N.C. ihpelectrice	a/ photmail.com
Address Email Address	ale hotmail.com
Address	
27284 U License #	
Mechanical/HVAC Contractor Information	
Description of Work SFD 910-897-	5501
7/1/1/0	
Mechanical Confractor's Company Manie	and lit unt
724 Turling fow rd. DUNN N.C. JANDEN LEMAIL Address	ce centurylink. Net
Address )	
17164	
License # Plumbing Contractor Information	
	1/2
Description of Work	
Dilbert Plumbing INC. 100-21	9-1274
Plumbing Contractor's Company Name	
1638 Timothy Rd. DUNN N.C.	
Address Email Address	;
10929	
License #	
Insulation Contractor Information	21-0655
11/ C/M -NOWIANDA 1/9C/CVIII C	86-8855
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.

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Signature of Owner/Contractor/Officer(s) of Corporation	2019	74
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
Sign w/Title: Little Date: 4-2-2019