

Application # <u>SFD1C106</u>-0200

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

ion on license.	11-7 200
Owner's Name: Four W's INC.	Date: 4-2-2019
Site Address: 49 Molden OAKS Dr. Angier N.C.	Phone: 910-892-0436
Subdivision: Planters Den II	Lot: <u>49</u>
Description of Proposed Work: 5FD	· · · · · · · · · · · · · · · · · · ·
General Contractor Information	
Wellows Realty INC. (R.P. Wellows)	910 - 892 - 3123
Building Contractor's Company Name	Telephone
P.O. Box 730 Dynn N.C.	rp we llows & wellows really, com Email Address
Address	Email Address
7746 unlimited	
License #	_
Description of Work SFN Electrical Contractor Information Service Size: 240 Amps T-Pole: YesNo	
	919-820-0837
Electrical Contractor's Company Name	Tolonbono
81 Beaver Creek Dr. Dunn N.C.	in polertial phatmailian
Address	Email Address
27284 U	
License #	
Mechanical/HVAC Contractor Information	
Description of Work SFD	
J+M HVA/C	910-897-5501
Mechanical Contractor's Company Name	Telephone
724 Turlington rd. DUNN N.C.	Telephone and mhunce century fink, net
Address	Email Address
17164	
License #	
Plumbing Contractor Informatio	
Description of Work S F J	_# Baths
Dilberts Plumbing Co.	Tilebase
Plumbing Contractor's Company Name	Telephone
1638 Timothy Rd. DUNN N.C.	Email Address
Address /	Email Address
10929	
License # Insulation Contractor Information	
Tri- City Insulation Foretheville N.C.	910-486-8855
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.

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

4-2-2019

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: Ast flow Styphen Sychiate (Sychiated) Date: 4-2-2019	