



Application # SFD2001-0035

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

Owner's Name: Four Ws Inc Date: 1/6/20
Site Address: Wheat Dr. Angier, NC Phone: 910-892-3123
Subdivision: Planters Glen Ph. 2 Lot: 46
Description of Proposed Work: SFD Total Job Cost: 132,000.00

General Contractor Information

Wellons Realty, Inc (RP Wellons) 910-892-3123
Building Contractor's Company Name Telephone
P.O. Box 730, Dunn NC 28335 laurenwhite@wellons
Address Email Address Realty.com
7746 W
License #

Electrical Contractor Information

Description of Work SFD Service Size: 200 Amps T-Pole: Yes No
jhp electrical 910-820-0837
Electrical Contractor's Company Name Telephone
81 Beaver Creek Dr, Dunn jhpelctrical@
Address Email Address hotmail.com
27284 W
License #

Mechanical/HVAC Contractor Information

Description of Work SFD
J&M HVAC 910-897-5501
Mechanical Contractor's Company Name Telephone
724 Turlington rd, Dunn jandmhvac@century
Address Email Address link.net
17164
License #

Plumbing Contractor Information

Description of Work SFD # Baths 2.5
Wagner Plumbing 910-890-2299
Plumbing Contractor's Company Name Telephone
555 Tirzah rd, Lillington NC wagnerplumbingco@
Address Email Address yahoo.com
315760
License #

Insulation Contractor Information

Tri-City Insulation 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

1-22-20
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:

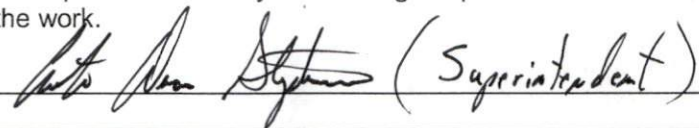
_____ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

_____ 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:  (Superintendent) Date: 1-22-20