

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application # SFD2001-0045

**Application for Residential Building and Trades Permit**

Owner's Name: WELLCO CONTRACTORS INC Date: \_\_\_\_\_  
Site Address: 25 TUPELO ROAD SPRING LAKE Phone: 910 263-0276  
Directions to job site from Lillington: Hwy 210S to ANDERSON CREEK School Rd to LEMUEL Black Rd West to Nursey Rd (1117) So. to CYPRESS DR. TURN (R) on CYPRESS DR Follow to TUPELO Rd TURN (L) ON TUPELO Rd TO #25 (LOT 6)  
Subdivision: HIDDEN LAKES Lot: 6  
Description of Proposed Work: SFD # of Bedrooms: 4  
Heated SF 2523 Unheated SF: 706 Finished Bonus Room? \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab:

**General Contractor Information**

Wellco  
Building Contractor's Company Name  
Po Box 766 SPRING LAKE NC  
Address  
7402  
License #

910 263-0276  
Telephone  
wellco@wswellonsrealty.com  
Email Address

**Electrical Contractor Information**

Description of Work JM POPE  
J.M. POPE ELECTRIC LLC  
Electrical Contractor's Company Name  
409 CHATHAM ST, SANFORD NC  
Address  
21326L  
License #

Service Size: 200 Amps T-Pole:  Yes  No  
919 776-5144  
Telephone  
pmillerac4600@gmail.com  
Email Address

**Mechanical/HVAC Contractor Information**

Description of Work TOTAL SYSTEMS HEATING & COOLING  
TOTAL SYSTEMS HEATING & COOLING  
Mechanical Contractor's Company Name  
13341 Hwy 210 South SPRING LAKE NC  
Address  
28846  
License #

910 436-3450  
Telephone  
SERVICE@TOTALSYSTEMSNC.COM  
Email Address

**Plumbing Contractor Information**

Description of Work M.L.S. Plumbing  
M.L.S. PLUMBING Co. INC  
Plumbing Contractor's Company Name  
1500 GILLESPIE ST, FAYETTEVILLE NC  
Address  
NC 28833P1  
License #

# Baths 2.5  
910 484-1124  
Telephone  
m1splumbing@hotmail.com  
Email Address

**Insulation Contractor Information**

Packier Bros Insulation  
Insulation Contractor's Company Name & Address

910-564-4132  
Telephone

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

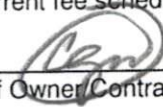
### Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed?  Yes  No
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?  Yes  No
3. Do you intend to directly control & supervise construction activities?  Yes  No
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?  Yes  No
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the 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 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  Contractor/Officer(s) of Corporation

Date

1-21-20

### 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.

Company or Name: Wellco

Sign w/Title: Chris G. Walker

Date: 1-21-20