

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

Application for Residential Building and Trades Permit

Owner's Name: Wellco CONTRACTORS INC Date: 1-22-20

Site Address: 43 RAINTREE LN Phone: 910 263-0276

Directions to job site from Lillington: 210 So. to ANDERSON CREEK School Rd to EMUEL Black Rd. WEST to NURSERY Rd (1117) So. to Cypress Dr. turn (R) on Cypress AND Follow to TUPELO Rd TURN (L) on TUPELO then (L) on RAINTREE.

Subdivision: HIDDEN LAKES Lot: 11

Description of Proposed Work: SFD # of Bedrooms: 3

Heated SF: 2021 Unheated SF: 634 Finished Bonus Room? Crawl Space: Slab: X

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 J.M. POPE Service Size: 200 Amps T-Pole: X Yes No

J.M. POPE ELECTRIC LLC
Electrical Contractor's Company Name

409 CHATHAM ST., SANFORD NC
Address

21326L
License #

919 776-5144
Telephone

PMILLEAC4600@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 # Baths 2.5

M.L.S. PLUMBING Co. INC
Plumbing Contractor's Company Name

1500 GILLESPIE ST, FAYETTEVILLE NC
Address

NC 28853 P1
License #

910 484-1124
Telephone

mksplumbing@hotmail.com
Email Address

Insulation Contractor Information

Parker Bros Insulation
Insulation Contractor's Company Name & Address Telephone 910-564-4132

*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 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.

Company or Name: Wellco

Sign w/Title: Charles G. Walker

Date: 1-22-20