

Application #	

* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: BC Anderson Creek	Date: 10-9-20
Site Address: NA	040 000 0070
Subdivision: Happy Acres	
Subdivision. 719 ppc 1781	Tatal lab 0 - 4 / 25 cmms
Description of Proposed Work: SFD	Total Job Cost: 125,000
General Contractor Info	
WELLCO CONTRACTORS INC	910-263-0276
Building Contractor's Company Name	Telephone WELLCO@WSWELLONSREALTY.COM
PO Box 766, Spring Lake, NC 28390	
Address 100 7	Email Address
	AGE SQ FT 495
License # Electrical Contractor Info	ormation
	e Size: 200 Amps T-Pole: X Yes No
J.M.POPE ELECTRIC LLC	919-776-5144
Electrical Contractor's Company Name	Telephone
409 Chatham St., Sanford. NC	pmillerc46600@gmail.com
Address	Email Address
21326L	
License #	
Mechanical/HVAC Contractor	Information
Description of Work TOTAL SYSTEMS HEATING & COOLII	
TOTAL SYSTEMS HEATING & COOLING	910-436-3450
Mechanical Contractor's Company Name	Telephone
13341 Hwy 210 S., Spring Lake, NC 28390	service@totalsystemsnc.com
Address	Email Address
28846	
License #	armation
Plumbing Contractor Info	
Description of Work MLS PLUMBING	# Baths
MLS PLUMBING CO. INC.	910-484-1124
Plumbing Contractor's Company Name	Telephone
1500 Gillespie St. , Fayetteville, NC	mlsplumbing@hotmail.com
Address	Email Address
NC28833PL	
License # Insulation Contractor Info	ormation
PARKER BROTHERS INSULATION	910-564-4132
Insulation Contractor's Company Name & Address	Telephone
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*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

Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
X General Contractor X 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.		
$\frac{X}{\text{covering themselves}}$ Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance		
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: Date: /D -2 -2 0		
Sign w/Title: Date: 10 2 20		