



Application # \_\_\_\_\_

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/occupier or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Wellons Realty Inc Date: 12/13/2021  
Site Address: Hawks Croft Ct., Erwin, NC 28339 Phone: 910-892-3123  
Subdivision: Wildwood Lot: 17  
Description of Proposed Work: New SFD Total Job Cost: 175,000

**General Contractor Information**

Wellons Realty Inc 910-892-3123  
Building Contractor's Company Name Telephone  
PO Box 730, Dunn, NC 28335-0730 ttart@wellonsrealty.com  
Address Email Address  
7746 **HEATED SQ FT** 1794 **GARAGE SQ FT** 506  
License #

**Electrical Contractor Information**

Description of Work Wire New SFD Service Size: 200 Amps T-Pole:    x Yes    No  
Jason H Pope Electrical Contractors 919-820-0837  
Electrical Contractor's Company Name Telephone  
81 Beaver Creek Dr. Dunn, NC 28334 jhpelectrical@hotmail.com  
Address Email Address  
27284-U  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New SFD Mechanical  
J and M Heating and A/C 910-897-5501  
Mechanical Contractor's Company Name Telephone  
724 Turlington Rd. Dunn, NC 28334 jandmhvac@centurylink.net  
Address Email Address  
L.17164  
License #

**Plumbing Contractor Information**

Description of Work Plumb new SFD # Baths 2  
MLS Plumbing Co. Inc 910-309-4392  
Plumbing Contractor's Company Name Telephone  
1500 Gillespie St, Fayetteville, NC mlsplumbing@hotmail.com  
Address Email Address  
L.28833  
License #

**Insulation Contractor Information**

Insulating Inc 5902 Fayetteville Rd, Raleigh, NC 919-772-9000  
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.**

Timothy M. Tart  
Signature of Owner/Contractor/Officer(s) of Corporation

12/13/2021  
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: Timothy M. Tart Date: 12/13/2021