



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

Harnett County Central Permitting  
420 McKinney Pkwy Lillington, NC 27546  
PO Box 65 Lillington, NC 27546  
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

\* 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: Wellco Contractors Inc Date 3-30-22  
Site Address: 491 OLD SALEM DR. SPRING LAKE, NC 28390 Phone 910-263-0276  
Subdivision: Country Squire Est. Lot 86  
Description of Proposed Work: SFD Total Job Cost \$160,000

**General Contractor Information**

Wellco Contractors Inc 910-263-0276  
Building Contractor's Company Name Telephone  
PO Box 766, Spring Lake, NC 28390 WELLCO@WSWELLONSREALTY.COM  
Address Email Address  
7402 **HEATED SQ FT 1622 GARAGE SQ FT 451**  
License #

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size: 200 Amps T-Pole:  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 Heating and Cooling  
TOTAL SYSTEMS HEATING & COOLING 919-776-5144  
Mechanical Contractor's Company Name Telephone  
13341 Hwy 210 S., Spring Lake, NC 28390 pmillerc46600@gmail.com  
Address Email Address  
28446  
License #

**Plumbing Contractor Information**

Description of Work Plumbing # Baths 2 1/2  
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 Information**

PARKER BROTHERS INSULATION 910-564-4132  
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

3-30-22  
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:

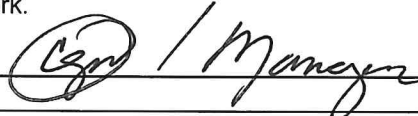
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

\_\_\_\_\_ 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:  Date: 3-30-22