



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 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: 7-15-22
Site Address: Lot 113 Rolling Springs Sec 7 PIN: 0506-43-7447.000 Phone: 910-263-0276
Subdivision: Hidden Lake North Lot: 113
Description of Proposed Work: SFD Total Job Cost: 150,000

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
License #

Electrical Contractor Information

Description of Work TOTAL ELECTRICAL Service Size: 200 Amps T-Pole: X Yes ___ No
JM 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 HEATING AND COOLING
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 #

Plumbing Contractor Information

Description of Work TOTAL PLUMBING # Baths 2.5
1MLS PLUMBING CO INC 910-484-1124
Plumbing Contractor's Company Name Telephone
1500 Gillespie St., Fayetteville, NC mlsplumbing@hotmail.com
Address Email Address
NC28833P!
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

7-15-22

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: Manager

Date: 7-15-22