

Application # _____

Harnett County Central Permitting

* 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. PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Site Address 90 Ramble Falls Lane., Erwin, NC 28339 Phone: 910-892-3123	Owner's Name: Wellons Realty Inc	Date: 7/28/2022
Description of Proposed Work: New SFD	Site Address: 90 Ramble Falls Lane., Erwin, NC 28339	Phone: 910-892-3123
Description of Proposed Work: New SFD General Contractor Information Wellons Realty Inc Building Contractor's Company Name PO Box 730, Dunn, NC 28335-0730 Address 7746 HEATED SO FT 1818 Description of Work Wire New SFD Description of Work Wire New SFD Service Size: 200 Amps T-Pole: Yes No Jason H Pope Electrical Contractors Electrical Contractor's Company Name 81 Beaver Creek Dr. Dunn, NC 28334 Address 27284-U License # Mechanical/HVAC Contractor Information Description of Work New SFD Mechanical J and M Heating and A/C Mechanical Contractor's Company Name 724 Turlington Rd. Dunn, NC 28334 Address L17164 License # Plumbing Contractor Information Description of Work Plumb new SFD # Baths 2 MLS Plumbing Co. Inc Mechanical Contractor Information Plumbing Co. Inc Mechanical Contractor Information Plumbing Contractor Information Plumbing Contractor Information Plumbing Contractor Information Plumbing Co. Inc Mechanical Contractor Information Plumbing Contractor Information Plumbing Contractor Information Plumbing Contractor Information Plumbing Co. Inc Mechanical Contractor Information Plumbing Contractor Information Plumbing Contractor Information Plumbing Contractor Information Plumbing Co. Inc Mechanical Contractor Information Plumbing Co. Inc Mechanical Contractor Information Plumbing Co. Inc		
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 1818 GARAGE SQ FT 507 License # Electrical Contractor Information Description of Work Mire New SFD Service Size: 200 Amps T-Pole: x Yes No Jason H Pope Electrical Contractors 919-820-0837 Telephone 81 Beaver Creek Dr. Dunn, NC 28334 jhpelectrical@hotmail.com Address Email Address 27284-U Email Address Ucense # Mechanical/HVAC Contractor Information Description of Work Mechanical 910-897-5501 Mechanical Contractor's Company Name Telephone 724 Turlington Rd. Dunn, NC 28334 jandmhvac@centurylink.net Address Email Address L.17164 Email Address License # Plumbing Contractor Information Description of Work Mechanical Plumbing Contractor Information Description of Work Plumb new SFD # Baths 2 M		
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MLS Plumbing Co. Inc 910-309-4392		
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	, ,	Telephone
1500 Gillespie St, Fayetteville, NC mlsplumbing@hotmail.com		<u> </u>
		Email Address
L.28833		
License # Insulation Contractor Information		
Parker Bros Inc PO Box 1045 Clinton NC 28329 910-564-4132		

*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	7/28/2022	
Signature of Owner/Contractor/Officer(s) of Corporation	Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
General Contractor Owner X Office	er/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:		
X Has three (3) or more employees and has obtained wor		
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.		
X 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: 7/28/2022	