

Application #	

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

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

Application for Residential Building and Trades Permit

WELL OF CONTRACTORS INC	0/4//0000
Owner's Name: WELLCO CONTRACTORS INC	Date _9/14/2022
Site Address: 26 BASSWOOD CT., SPRING LAKE, NC 28390	Phone 910-263-0276
Subdivision: HIDDEN LAKES NORTH	Lot _147
Description of Proposed Work: SDF	_ Total Job Cost <u>\$150,000</u>
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 1947 GARAGE SQ	FT 520
License #	
Electrical Contractor Information	
	On Amps T-Pole: X Yes No
JM POPE ELECTRICAL LLC Electrical Contractor's Company Name	919-776-5144 Talanhana
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Telephone
409 CHATHAM ST., SANFORD, NC 28390	PMILLERC46600@GMAIL.COM
Address 21326L	Email Address
License #	
Mechanical/HVAC Contractor Informa	ation
Description of Work TOTAL HEATING AND COOLING	
TOTAL SYSTEMS HEATING & COOLING	910-436-3450
The control of the co	Telephone
13341 HWY 210 S, SPRING LAKE, NC 28390	SERVICE@TOTALSYSTEMS.COM
	Email Address
28846	
License #	
Plumbing Contractor Information	
Description of Work TOTAL PLUMBING	# Baths_2
1MLS PLUMBING CO INC	910-484-1124
Plumbing Contractor's Company Name	Telephone
1500 GILLESPIE ST., FAYETTEVILLE, NC	MLSPLUMBING@HOTMAIL.COM
	Email Address
NC28833P!	
License #	
Insulation Contractor Information	SER SECTION IN CARE SEE IS SECURED AND
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-is is as per current fee schedule.	ssue fee is \$150.00. After 2 years re-issue fee	
CQW	9/14/2022	
Signature of Owner/Contractor/Officer(s) of Corporation	Date	
Affidavit for Worker's Compe The undersigned applicant being the:	ensation N.C.G.S. 87-14	
X General Contractor X OwnerC	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:		
X 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 covering themselves.		
Has no more than two (2) employees and no subcon	itractors.	
While working on the project for which this permit is sought Department issuing the permit may require certificates of co to issuance of the permit and at any time during the permitticarrying out the work.	overage of worker's compensation insurance prior	
Sign w/Title: // MANAGER	Date: 9/14/2022	