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* 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

Owner's Name: WELLCO CONTRACTORS INC	Date 9/14/2022
Site Address: 47 BASSWOOD CT., SPRING LAKE, NC 28390	Phone 910-263-0276
Subdivision: HIDDEN LAKES NORTH	Lot 149
Description of Proposed Work: SDF	
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_ 2095 GARAGE SC	QFT 479
License #	
Electrical Contractor Informatio	<u>n</u> ²⁰⁰
Description of Work TOTAL ELECTRIC Service Size: JM POPE ELECTRICAL LLC	919-776-5144
Electrical Contractor's Company Name	Telephone
409 CHATHAM ST., SANFORD, NC 28390	PMILLERC46600@GMAIL.COM
Address	Email Address
21326L	Littali Addiess
License #	
Mechanical/HVAC Contractor Inform	<u>nation</u>
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@TOTALSYSTEMS.COM
Address	Email Address
28846	
License #	
Plumbing Contractor Informatio	<u>n</u>
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
Address	Email Address
NC28833P!	
License # Insulation Contractor Informatio	un.
	910-564-4132
PARKER BROTHERS INSULATION 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 bermission 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 9/14/2022 Date		
Signature of Øwner/Contractor/Officer(s) of Corporation Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
X General Contractor X 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:		
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		
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: 9/14/2022		