

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.hamett.org/permits

## **Application for Residential Building and Trades Permit**

Owner's Name: _WELLCO CONTRACTORS INC	Date1/23/23
Site Address: 89 SUGARBERRY PL. SPRING LAKE, NC 28390	Phone <u>910-263-0276</u>
Subdivision: ROLLING SPRINGS SECTION 7	Lot 122
Description of Proposed Work: SFD	Total Job Cost233,900
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 2138 GARAGE SQ	FT 470
License #	
<u>Electrical Contractor Information</u> Description of Work TOTAL ELECTRIC Service Size:	<u>1</u> 200 Amps T-Pole: X Yes No
JM POPE ELECTRICAL LLC	<del></del>
Electrical Contractor's Company Name	919-776-5144 Telephone
	PMILLERC46600@GMAIL.COM
409 CHATHAM ST., SANFORD, NC 28390 Address	Email Address
21326L	
License #	
Mechanical/HVAC Contractor Information	<u>ation</u>
Description of Work TOTAL SYSTEMS HEATING & 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	n
Description of Work TOTAL PLUMBING	_# Baths_2 . 5
TITANS PLUMBING  Plumbing Contractor's Company Name	919-615-1947 Tolophone
Plumbing Contractor's Company Name	Telephone
PO Box 1045 Dunn, NC 28335 Address	BUSINESS@TITANSPLUMBING.COM_ Email Address
34800	Email Address
License #	
Insulation Contractor Information	n
in.	<u> </u>
PARKER BROTHERS INSULATION	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 <a href="by-signing-below-I have obtained all subcontractors-permission to obtain these permits">by-signing-below-I have obtained all subcontractors-permission to obtain these permits</a> and if <a href="main-any-changes">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  1/23/23  Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14	
The undersigned applicant being the:	
X _ General ContractorX _ 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.	
$\underline{X}$ 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: Date: Date:	