

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

Owner's Name: _WELLCO CONTRACTORS INC	Date1/23/23
Site Address: 67 SUGARBERRY PL., SPRING LAKE, NC 28390	Phone 910-263-0276
Subdivision: ROLLING SPRINGS SECTION 7	Lot _123
Description of Proposed Work: SDF	Total Job Cost 230,900
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 2063 GARAGE SC	1 486
License #	
Electrical Contractor Information	
	200 Amps T-Pole: X Yes No
JM POPE ELECTRICAL LLC	919-776-5144
Electrical Contractor's Company Name	Telephone
409 CHATHAM ST., SANFORD, NC 28390 Address	PMILLERC46600@GMAIL.COM Email Address
	Email Address
21326L License #	
Mechanical/HVAC Contractor Inform	ation
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DESCRIPTION OF MADIK TO LAL STSTEIMS MEATING & COOLING	
Description of Work TOTAL SYSTEMS HEATING & COOLING TOTAL SYSTEMS HEATING & COOLING	910-436-3450
TOTAL SYSTEMS HEATING & COOLING	910-436-3450 Telephone
TOTAL SYSTEMS HEATING & COOLING Mechanical Contractor's Company Name	Telephone
TOTAL SYSTEMS HEATING & COOLING	
TOTAL SYSTEMS HEATING & COOLING Mechanical Contractor's Company Name 13341 HWY 210 S, SPRING LAKE, NC 28390 Address	Telephone SERVICE@TOTALSYSTEMSNC.COM
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TOTAL SYSTEMS HEATING & COOLING Mechanical Contractor's Company Name 13341 HWY 210 S, SPRING LAKE, NC 28390 Address 28846 License # Plumbing Contractor Informatio	Telephone SERVICE@TOTALSYSTEMSNC.COM Email Address n _# Baths_3
TOTAL SYSTEMS HEATING & COOLING Mechanical Contractor's Company Name 13341 HWY 210 S, SPRING LAKE, NC 28390 Address 28846 License # Plumbing Contractor Informatio Description of Work TOTAL PLUMBING	Telephone SERVICE@TOTALSYSTEMSNC.COM Email Address
TOTAL SYSTEMS HEATING & COOLING Mechanical Contractor's Company Name 13341 HWY 210 S, SPRING LAKE, NC 28390 Address 28846 License # Plumbing Contractor Informatio Description of Work TOTAL PLUMBING TITANS PLUMBING	Telephone SERVICE@TOTALSYSTEMSNC.COM Email Address n _# Baths 3 919-615-1947
TOTAL SYSTEMS HEATING & COOLING Mechanical Contractor's Company Name 13341 HWY 210 S, SPRING LAKE, NC 28390 Address 28846 License # Plumbing Contractor Informatio Description of Work TOTAL PLUMBING TITANS PLUMBING Plumbing Contractor's Company Name	Telephone SERVICE@TOTALSYSTEMSNC.COM Email Address n # Baths_3 919-615-1947 Telephone
Mechanical Contractor's Company Name 13341 HWY 210 S, SPRING LAKE, NC 28390 Address 28846 License # Plumbing Contractor Informatio Description of Work TOTAL PLUMBING TITANS PLUMBING Plumbing Contractor's Company Name PO Box 1045 Dunn, NC 28335 Address 34800	Telephone SERVICE@TOTALSYSTEMSNC.COM Email Address
Mechanical Contractor's Company Name 13341 HWY 210 S, SPRING LAKE, NC 28390 Address 28846 License # Plumbing Contractor Informatio Description of Work TOTAL PLUMBING TITANS PLUMBING Plumbing Contractor's Company Name PO Box 1045 Dunn, NC 28335 Address 34800 License #	Telephone SERVICE@TOTALSYSTEMSNC.COM Email Address # Baths_3 919-615-1947 Telephone BUSINESS@TITANSPLUMBING.COM Email Address
Mechanical Contractor's Company Name 13341 HWY 210 S, SPRING LAKE, NC 28390 Address 28846 License # Plumbing Contractor Informatio Description of Work TOTAL PLUMBING TITANS PLUMBING Plumbing Contractor's Company Name PO Box 1045 Dunn, NC 28335 Address 34800 License # Insulation Contractor Informatio	Telephone SERVICE@TOTALSYSTEMSNC.COM Email Address # Baths_3 919-615-1947 Telephone BUSINESS@TITANSPLUMBING.COM Email Address
Mechanical Contractor's Company Name 13341 HWY 210 S, SPRING LAKE, NC 28390 Address 28846 License # Plumbing Contractor Informatio Description of Work TOTAL PLUMBING TITANS PLUMBING Plumbing Contractor's Company Name PO Box 1045 Dunn, NC 28335 Address 34800 License #	Telephone SERVICE@TOTALSYSTEMSNC.COM Email Address # Baths_3 919-615-1947 Telephone BUSINESS@TITANSPLUMBING.COM Email Address

*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.

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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.		
O(1)		
	723	
Signature of Owner Contractor/Officer(s) of Corporation Date		
Affidavit for Worker's Compensation N.C	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:	3	
X Has three (3) or more employees and has obtained workers' comp	ensation insurance to cover them.	
Has one (1) or more subcontractors(s) and has obtained workers' of	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: //MANAGER	Date:1/23/23	
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