

Application #

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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

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

Application for Residential Building and Trades Permit

	Date 1/23/23
Owner's Name: _WELLCO CONTRACTORS INC	
Site Address: 19 SUGARBERRY PL SPRING LAKE, NC 28390	Phone <u>910-263-0276</u>
Subdivision: <u>ROLLING SPRINGS SECTION 7</u>	Lot <u>Lot 125</u>
Description of Proposed Work: <u>SFD</u>	Total Job Cost <u>193,900</u>
General Contractor Informat	tion
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 1798 GARAGE	SQ FT 417
License #	
Description of Work TOTAL ELECTRIC Service Siz	a <u>tion</u> ze: <u>200   </u> Amps   T-Pole: <u>X   </u> Yes <u> </u> No
JM POPE ELECTRICAL LLC Electrical Contractor's Company Name	<u>919-776-5144</u> Telephone
409 CHATHAM ST., SANFORD, NC 28390 Address	PMILLERC46600@GMAIL.COM Email Address
21326L	
License #	
Mechanical/HVAC Contractor Info	ormation
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 Informa	ation
Description of Work TOTAL PLUMBING	# Baths_2
TITANS PLUMBING	919-615-1947
Plumbing Contractor's Company Name	Telephone
PO Box 1045 Dunn, NC 28335	BUSINESS@TITANSPLUMBING.COM
Address	Email Address
34800	
License # Insulation Contractor Informa	ation
PARKER BROTHERS INSULATION	<u>910-564-4132</u> Tolophono
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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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 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:	
<u>X</u> 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.	
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:	