

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		Date _	1/23/23
Site Address: 70 SUGARBERRY PL SPRING LAKE, NC 28390	Phone	910-26	63-0276
Subdivision: ROLLING SPRINGS SECTION 7	Lot 135	5	
Description of Proposed Work: SFD	_ Total Job Cost <u>255,900</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 2209 GARAGE SQ	FT 457		
License #			
Electrical Contractor Information		V	V N-
	200 Amps T-P	ole: _^_	_YesNo
JM POPE ELECTRICAL LLC	919-776-5144 Tolonbono		
Electrical Contractor's Company Name	Telephone		
409 CHATHAM ST., SANFORD, NC 28390	PMILLERC4660	0@GM	AIL.COM
Address	Email Address		
21326L License #			
Mechanical/HVAC Contractor Informa	ation		
Description of Work TOTAL SYSTEMS HEATING & COOLING			
	910-436-3450	•0	
TOTAL SYSTEMS HEATING & COOLING Mechanical Contractor's Company Name	Telephone		
13341 HWY 210 S, SPRING LAKE, NC 28390	•	CVCTEME	NC COM
Address	SERVICE@TOTALS Email Address	STSTEIVIS	SNC.COIVI_
28846	2		
License #			
Plumbing Contractor Information	<u>.</u>		
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@TITAN	SPLUMB	ING.COM
Address	Email Address		 /
34800			
License #			
Insulation Contractor Information	<u>)</u> , ₍₁		
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.

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EXPIRED PERMIT FEES - 6 Months to 2 years permit re	e-issue fee is \$150.00. After 2 years re-issue fee			
is as per current fee schedule.				
CO(u)	1/23/23			
Signature of Owner/Contractor/Officer(s) of Corporation	Date			
oignature of owner contractor officer(s) of oor poration	Daic			
Affidavit for Worker's Com	pensation N.C.G.S. 87-14			
The undersigned applicant being the:	Ponounon non on on on			
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.				
That three (c) of file on project and flat obtained workers compensation modulation to dever them.				
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover				
them.	·			
V				
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 subcentractors				
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: COW /MANAGER	Date: 1/23/23			
Sign w/Title: /MANAGER	Date:Date:			
<i>U</i>				