

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: 94 SUGARBERRY PL SPRING LAKE, NC 28390	Phone	910-263-0276
Subdivision: ROLLING SPRINGS SECTION 7	Lot 136	<u> </u>
		235,900
General Contractor Information		
WELLCO CONTRACTORS INC	910-263-0276	
Building Contractor's Company Name	Telephone	<del></del>
PO BOX 766, SPRING LAKE, NC 28390 WELLCO@WSWEI		ONSREALTY.COM
Address	Email Address	3
7402 HEATED SQ FT 2095 GARAGE SQ	<b>FT</b> 479	
License #		
<u>Electrical Contractor Information</u> Description of Work <u>TOTAL ELECTRIC</u> Service Size:		ole: X_YesNo
JM POPE ELECTRICAL LLC	919-776-5144	010103140
Electrical Contractor's Company Name Teleph		
409 CHATHAM ST., SANFORD, NC 28390	PMILLERC4660	n@gmail com
Address Email Address		0@0141/ 112.00141
21326L		
License #		
Mechanical/HVAC Contractor Information	ation_	
D TOTAL OVOTENO HEATING & COOLING		
Description of Work TOTAL SYSTEMS HEATING & COOLING		
TOTAL SYSTEMS HEATING & COOLING  TOTAL SYSTEMS HEATING & COOLING	910-436-3450	
7-	910-436-3450 Telephone	-
TOTAL SYSTEMS HEATING & COOLING	Telephone SERVICE@TOTALS	SYSTEMSNC.COM
TOTAL SYSTEMS HEATING & COOLING  Mechanical Contractor's Company Name	Telephone	SYSTEMSNC.COM_
TOTAL SYSTEMS HEATING & COOLING  Mechanical Contractor's Company Name  13341 HWY 210 S, SPRING LAKE, NC 28390  Address  28846	Telephone SERVICE@TOTALS	SYSTEMSNC.COM_
TOTAL SYSTEMS HEATING & COOLING  Mechanical Contractor's Company Name  13341 HWY 210 S, SPRING LAKE, NC 28390  Address  28846  License #	Telephone SERVICE@TOTALS Email Address	SYSTEMSNC.COM_
TOTAL SYSTEMS HEATING & COOLING  Mechanical Contractor's Company Name  13341 HWY 210 S, SPRING LAKE, NC 28390  Address  28846  License #  Plumbing Contractor Information	Telephone SERVICE@TOTALS Email Address	SYSTEMSNC.COM_
TOTAL SYSTEMS HEATING & COOLING  Mechanical Contractor's Company Name  13341 HWY 210 S, SPRING LAKE, NC 28390  Address  28846  License #  Plumbing Contractor Information  Description of Work TOTAL PLUMBING	Telephone  SERVICE@TOTALS Email Address  # Baths 3	SYSTEMSNC.COM_
TOTAL SYSTEMS HEATING & COOLING  Mechanical Contractor's Company Name  13341 HWY 210 S, SPRING LAKE, NC 28390  Address  28846  License #  Plumbing Contractor Information  Description of Work TOTAL PLUMBING  TITANS PLUMBING	Telephone SERVICE@TOTALS Email Address  # Baths 3 919-615-1947	SYSTEMSNC.COM
TOTAL SYSTEMS HEATING & COOLING  Mechanical Contractor's Company Name  13341 HWY 210 S, SPRING LAKE, NC 28390  Address  28846  License #  Plumbing Contractor Information  Description of Work TOTAL PLUMBING  TITANS PLUMBING  Plumbing Contractor's Company Name	Telephone  SERVICE@TOTALS Email Address  # Baths 3	SYSTEMSNC.COM_
TOTAL SYSTEMS HEATING & COOLING  Mechanical Contractor's Company Name  13341 HWY 210 S, SPRING LAKE, NC 28390  Address  28846  License #  Plumbing Contractor Information  Description of Work TOTAL PLUMBING  TITANS PLUMBING  Plumbing Contractor's Company Name  PO Box 1045 Dunn, NC 28335	Telephone  SERVICE@TOTALS Email Address  # Baths 3 919-615-1947 Telephone BUSINESS@TITANS	
Mechanical Contractor's Company Name  13341 HWY 210 S, SPRING LAKE, NC 28390  Address  28846  License #  Plumbing Contractor Information  Description of Work TOTAL PLUMBING  TITANS PLUMBING  Plumbing Contractor's Company Name  PO Box 1045 Dunn, NC 28335  Address	Telephone  SERVICE@TOTALS Email Address  # Baths 3 919-615-1947 Telephone	
TOTAL SYSTEMS HEATING & COOLING  Mechanical Contractor's Company Name  13341 HWY 210 S, SPRING LAKE, NC 28390  Address  28846  License #  Plumbing Contractor Information  Description of Work TOTAL PLUMBING  TITANS PLUMBING  Plumbing Contractor's Company Name  PO Box 1045 Dunn, NC 28335  Address  34800	Telephone  SERVICE@TOTALS Email Address  # Baths 3 919-615-1947 Telephone BUSINESS@TITANS	
Mechanical Contractor's Company Name  13341 HWY 210 S, SPRING LAKE, NC 28390  Address  28846  License #  Plumbing Contractor Information  Description of Work TOTAL PLUMBING  TITANS PLUMBING  Plumbing Contractor's Company Name  PO Box 1045 Dunn, NC 28335  Address	Telephone  SERVICE@TOTALS Email Address  # Baths 3  919-615-1947 Telephone BUSINESS@TITANS Email Address	
TOTAL SYSTEMS HEATING & COOLING  Mechanical Contractor's Company Name  13341 HWY 210 S, SPRING LAKE, NC 28390  Address  28846  License #  Plumbing Contractor Information  Description of Work TOTAL PLUMBING  TITANS PLUMBING  Plumbing Contractor's Company Name  PO Box 1045 Dunn, NC 28335  Address  34800  License #	Telephone  SERVICE@TOTALS Email Address  # Baths 3  919-615-1947 Telephone BUSINESS@TITANS 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.

is as per current fee schedule.			
CQW 1/23/23			
Signature of Owner Contractor/Officer(s) of Corporation Date			
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:			
X General ContractorXOwner 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.			
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:			