

Application # \_\_\_\_\_

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

licensed contractor. Address, company name & phone must match information on license.

\* Must be owner/occupier or

## Application for Residential Building and Trades Permit

Owner's Name: Wellco Contractors Inc	Date 5-15-23
Site Address: PO Box 766, Spring Lake, NC 28390	Phone 910-263-0276
Subdivision: OVERHILLS CREEK	Lot 539
Description of Proposed Work: SFD	Total Job Cost
General Contractor In	ormation_
Wellco Contractors Inc	910-436-3131
Building Contractor's Company Name	Telephone
PO Box 766, Spring Lake, NC 28390	WELLCO@WSWELLONSREALTY.COM
Address	Email Address
7402 HEATED SQ FT 2095 GA	RAGE SQ FT 479
License #	
Electrical Contractor In   Description of Work TOTAL ELECTRICAL Serv	itormation ice Size: 200 Amps T-Pole: X Yes No
JM POPE ELECTRIC LLC	919-776-5144
Electrical Contractor's Company Name	Telephone
409 Chatham St., Sanford. NC	pmiller46600@gmail.com
Address	Email Address
21326L	
License #	
Mechanical/HVAC Contract	or Information
Description of Work TOTAL 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 Ir	formation
Description of Work TOTAL PLUMBING	# Baths 3
TITIAN PLUMBING LLC	# Balls <u>0</u> 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 Information	
PARKER BROTHERS INSULATION	nformation
	nformation 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 <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

5-15-23

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14	
The undersigned applicant being the:	
X General Contractor 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: Clason Wellons General Manage Date: 5-15-23	