

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

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

\* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

## **Application for Residential Building and Trades Permit**

Owner's Name: Wellons Realty Inc	Date: 7/19/2023
Site Address: Colt Avenue, Coats, NC	Phone: 910-892-3123
Subdivision: Hunter's Run Section II	Lot: 12B
Description of Proposed Work: New SFD	Total Job Cost: 220,000
General Contractor Inform	
Wellons Realty Inc	910-892-3123
Building Contractor's Company Name	Telephone
PO Box 730, Dunn, NC 28335-0730	ttart@wellonsrealty.com
Address	Email Address
7746 HEATED SQ FT 1517 GARA	GE SQ FT 519
License #	
Description of Work Wire New SFD Service	
•	Size: 200 Amps T-Pole: X Yes No 919-820-0837
Jason H Pope Electrical Contractors	
Electrical Contractor's Company Name	Telephone
81 Beaver Creek Dr. Dunn, NC 28334	jhpelectrical@hotmail.com
Address 27284-U	Email Address
License #	
Mechanical/HVAC Contractor	Information
Description of Work New SFD Mechanical	
J and M Heating and A/C	910-897-5501
Mechanical Contractor's Company Name	Telephone
724 Turlington Rd. Dunn, NC 28334	jandmhvac@centurylink.net
Address	Email Address
L.17164	Ziliali / Idai 665
License #	
Plumbing Contractor Info	<u>rmation</u>
Description of Work Plumb new SFD	# Baths 2
MLS Plumbing Co. Inc	910-309-4392
Plumbing Contractor's Company Name	Telephone
1500 Gillespie St, Fayetteville, NC	mlsplumbing@hotmail.com
Address	Email Address
L.28833	
License #	
Insulation Contractor Info	<del>-</del>
Parker Bros Inc PO Box 1045 Clinton NC 28329	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.



**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.

Timothy M. Tart	7/19/2023
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Compe	nsation N.C.G.S. 87-14
The undersigned applicant being the:	
General Contractor Owner _X Of	ficer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person set forth in the permit:	(s), firm(s) or corporation(s) performing the work
X Has three (3) or more employees and has obtained w	orkers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtain them.	ned workers' compensation insurance to cover
X Has one (1) or more subcontractors(s) who has their covering themselves.	own policy of workers' compensation insurance
Has no more than two (2) employees and no subcont	ractors.
While working on the project for which this permit is sought in Department issuing the permit may require certificates of covariant to issuance of the permit and at any time during the permitted carrying out the work.	verage of worker's compensation insurance prior
Sign w/Title: Timothy M. Tart	Date: 7/19/2023
U	