

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

Application for Residential Building and Trades Permit

Owner's Name: Wellco Contractors Inc.	Data 9-10-24
Site Address: 102 Onslow Ct.	
	Lot 10
Description of Proposed Work: SFD	
	Total Job Cost \$ 153,810
General Contractor Information	
Well Co Contractors Inc. Building Contractor's Company Name	910 - 436 - 3131
12 (1-2) 1 (1-2)	Telephone
PO Box 766 spring lake NC 28390 Address	<u>jason & wswellors, Com</u> Email Address
1402 HEATED SQ FT 1798 GARAGE SO	2 FT 417
Electrical Contractor Information	on ,
Description of Work TOtal Electric Service Size:	
JM POPE Electric LLC	919 776-5144
Electrical Contractor's Company Name	Telephone
409 Chatham St. Sanford NC Address	Marshall Address
21326 L License #	
Mechanical/HVAC Contractor Inform	<u>nation</u>
Description of Work TOTAL HVAC	
Total Systems Heating & Cooling	910-436-3450
Mechanical Contractor's Company Name	Telephone
13341 Hwy 210 S. Spring Lake NC 28390	Service @ total systems nc. com
Address	Email Address
28846	
License # Plumbing Contractor Informatio	_
Description of Work Total Plumbing	Δ.
	_# Baths
Titans Plumbing Plumbing Contractor's Company Name	919-615-1947
	Telephone
PO Box 1045 Dunn NC 28335	business @ titans plumbing. com
	Email Address
34800 License #	
Insulation Contractor Information	
Parker Brothers Insulation	910-569-4132
Insulation Contractor's Company Name & Address	90-509-4132 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.

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 Q-10-24 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 them.	
insurance to cover 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: ew	