

Application #	
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\* 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 9-10-24	
Site Address: 101 Ons low Ct.	Phone 910- 436-3131	
Subdivision: Overhills Creek		
	Total Job Cost 153,810	
General Contractor Information		
Well Co Contractors Inc.	910 - 436 - 3131	
Building Contractor's Company Name	Telephone	
PO BOX 766 Spring Lake NC 28390	jason e wswellors, com	
Address	Email Address	
	OFT 395	
License #  Electrical Contractor Information	on ,	
Description of Work TO+al Electric Service Size:	2.00 Amps T-Pole: V Yes No	
JM Pofe Electric LLC	919 776-5144	
Electrical Contractor's Company Name	Telephone	
409 Chatham St. Sanford NC	marstall fore 74 egmail.com	
Address	Email Address	
213264		
License #  Mechanical/HVAC Contractor Inform	nation	
Description of Work TOtal HJAC		
	910-436-3450	
Total Systems Heating & Cooling  Mechanical Contractor's Company Name	Telephone	
13341 Hwy 210 S. Spring Lake NC 28390	service@ total systemsnc.com	
Address	Email Address	
28846		
License # Plumbing Contractor Information	an .	
2:	2	
Becomption of Work	# Baths	
Titans Plumbing Plumbing Contractor's Company Name	919-615-1947 Telephone	
	business @ titans plumbing com	
PO Box 1045 Dunn NC 28335 Address	Email Address	
34800		
License #		
Insulation Contractor Information		
Parker Brothers Insulation	910-569-4132 Telephone	
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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<b>EXPIRED PERMIT FEES</b> - 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: <u>PJW</u> Date: <u>9-10-24</u>		