

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 10-30 - 2 4
Site Address: 41 Onslow Ct. Spring Lake NC 283	90 Phone 910 - 436-3131
	Lot 15
Subdivision: Overhills Creek	
15000000000000000000000000000000000000	Total Job Cost 146,490
General Contractor Information	
Wellco Contractors Inc.	910-436-3131
Building Contractor's Company Name	Telephone
PO Box 766 Spring Lake NC 28390	jason@wswellons@alty.com Email Address
Address	
7402. HEATED SQ FT GARAGE SC	Q FT
License # Electrical Contractor Information	n /
Description of Work TOTAL Electrical Contractor Information Service Size:	200 Amps T-Pole: √ YesNo
JM Pope Electric LLC	919-776-5144
Electrical Contractor's Company Name	Telephone
409 Chatham St. Sanford NC 27330	marshall pope 74@gma; 1.Co
Address	Email Address
21326L	
License #	
Mechanical/HVAC Contractor Inform	lation
Description of Work TOtal HVAC	0/
Total systems Heating and Cooling	910-436-3450
Mechanical Contractor's Company Name	Telephone
13341 Hwy 2105 spring Lake NC	Service @ totalsystems nc.com Email Address
Address	Email Address
36823 License #	
Plumbing Contractor Information	n
Description of Work Total Plumbing	# Baths 2
Titans Plumbing	919-615-1947
Plumbing Contractor's Company Name	Telephone
PO BOX 1045 DUNN NC	business@ titan Plumbing .com
Address	Email Address
34800	
License #	
Insulation Contractor Information	
Parker Brothers Insulation	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.



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.

- 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee EVDIDED DERMIT FEES

is as per current fee schedule.	
EJW 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 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 themHas one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover themX 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: CIW Date: 0-30-24	