



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

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

Application for Residential Building and Trades PermitOwner's Name: Wellco Contractors Date 1-10-25Site Address: 46 Poplar Dr. Spring Lake NC 28390 Phone 910-436-3131Subdivision: Hidden Lakes / Rolling Springs Lot 126Description of Proposed Work: SFD Total Job Cost \$175,230**General Contractor Information**Wellco Contractors910-436-3131

Building Contractor's Company Name

Telephone

PO Box 766 Spring Lake NC 28390

wellco.admin@wswellonsrealty.com

Address

Email Address

7402**HEATED SQ FT** 1512**GARAGE SQ FT** 520

License # _____

Electrical Contractor InformationDescription of Work Total ElectricService Size: 200 Amps T-Pole: X Yes No JM Pope Electric LLC919-776-5144

Electrical Contractor's Company Name

Telephone

409 Chatham St. Sanford NC 27330marshallpope74@gmail.com

Address

Email Address

21326L

License # _____

Mechanical/HVAC Contractor InformationDescription of Work Total HVACCarolina Comfort Air, Inc.910-436-3450

Mechanical Contractor's Company Name

Telephone

703 N. Clinton Ave Dunn, NC 28334mcteam@carolinacomfortair.com

Address

Email Address

29077

License # _____

Plumbing Contractor InformationDescription of Work Total Plumbing# Baths 2Titans Plumbing919-615-1947

Plumbing Contractor's Company Name

Telephone

PO Box 1045 Dunn NC

Address

Email Address

34800

License # _____

Insulation Contractor InformationParker Brothers Insulation910-564-4132

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.

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.

Charles Jason Wellons

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:

☒ 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:

☒ 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.

☒ 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:

Charles Jason Wellons

Date: 1-10-25