



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 Permit**Owner's Name: Wellco Contractors Date 1-10-25Site Address: 52 Blackgum Spring Lake NC 28390 Phone 910-436-3131Subdivision: Hidden Lakes/Rolling Springs Lot 128Description of Proposed Work: SFD Total Job Cost 185,670**General Contractor Information**

Wellco Contractors  
Building Contractor's Company Name  
PO Box 766 Spring Lake NC 28390  
Address  
7402  
License #

910-436-3131  
Telephone  
wellco.admin@swellonsrealty.com  
Email Address

HEATED SQ FT 2063 GARAGE SQ FT 486

**Electrical Contractor Information**

Description of Work Total Electric Service Size: 200 Amps T-Pole: X Yes    No  
JM Pope Electric LLC  
919-776-5144  
Electrical Contractor's Company Name  
409 Chatham St. Sanford NC 27330  
Telephone  
marshallpope74@gmail.com  
Address  
21326L  
Email Address  
License #

**Mechanical/HVAC Contractor Information**

Description of Work Total HVAC  
Total Stayems Heating and Cooling  
910-436-3450  
Mechanical Contractor's Company Name  
13341 HWY 210 S Spring Lake NC 28390  
Telephone  
Service@totalsystemsnc.com  
Address  
36823  
Email Address  
License #

**Plumbing Contractor Information**

Description of Work Total Plumbing # Baths 3  
Titans Plumbing  
919-615-1947  
Plumbing Contractor's Company Name  
PO Box 1045 Dunn NC  
Telephone  
Address  
34800  
Email Address  
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.

**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*