



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 1-10-25

Site Address: 45 Blackgum Ct Spring Lake NC 28390 Phone 910-436-3131

Subdivision: Hidden Lakes/Rolling Springs Lot 131

Description of Proposed Work: SFD Total Job Cost 161,820.00

**General Contractor Information**

Wellco Contractors 910-436-3131  
Building Contractor's Company Name Telephone  
PO Box 766 Spring Lake NC 28390 wellco.admin@swellonsrealty.com  
Address Email Address  
7402 HEATED SQ FT GARAGE SQ FT  
License #

**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 Telephone  
409 Chatham St Sanford NC 27330 marshallpope74@gmail.com  
Address Email Address  
21326L  
License #

**Mechanical/HVAC Contractor Information**

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

**Plumbing Contractor Information**

Description of Work Total Plumbing # Baths 2  
Titans Plumbing 919-615-1947  
Plumbing Contractor's Company Name Telephone  
PO Box 1045 Dunn NC  
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.

**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*