



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: 21 Blackgum Ct. Spring Lake NC 28390 Phone 910-436-3131

Subdivision: Hidden Lakes/Rolling Springs Lot 132

Description of Proposed Work: SFD Total Job Cost 178,290

**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 1981

GARAGE SQ FT 437

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

Carolina Comfort Air, Inc.

910-436-3450

Mechanical Contractor's Company Name

Telephone

703 N. Clinton Ave Dunn, NC 28334

rncteam@carolinacomfortair.com

Address

Email Address

29077

License #

**Plumbing Contractor Information**

Description of Work Total Plumbing # Baths 3

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*