

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: Wellons Realty Inc	Date _2/21/2025
Site Address: 141 MAPLE DRIVE, ERWIN	Phone 910-892-3123
Subdivision: FOREST HILLS	Lot 2
Description of Proposed Work: <u>New SFD</u>	Total Job Cost 310,000
General Contractor Information	
Robert Paul Wellons	910-892-3123
Building Contractor's Company Name	Telephone
PO Box 730	ttart@wellonsrealty.com
Address	Email Address
7746 HEATED SQ FT 1511 GARAGE S	Q FT 476
License #	
Description of Work New SFD Electrical Contractor Informatic	<u>on</u> Amps T-Pole: ^X YesNo
Jason H Pope Electrical Contractors	919-820-0837
Electrical Contractor's Company Name	Telephone
81 Beaver Creek Dr. Dunn, NC 28334	jhpelectrical@hotmail.com
Address	Email Address
27284-U	
License #	
Mechanical/HVAC Contractor Information	
Description of Work New SFD	
J& M HEATING & AIR	910-897-5501
Mechanical Contractor's Company Name	Telephone
724 Turlington Rd. Dunn, NC 28334	jandmhvac@earthlink.net
Address	Email Address
L.17164	
License # Plumbing Contractor Information	
Description of Work New SFD	# Baths_2
MLS Plumbing Co. Inc	910-309-4392
Plumbing Contractor's Company Name 784 GENTRY RD, ERWIN, NC	Telephone
Address	mlsplumbing@hotmail.com Email Address
L.28833	Email Address
License #	
Insulation Contractor Information	
Parker Bros Inc PO Box 1045 Clinton NC 28329	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.

2/21/2025

Timothy Tart 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 X 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 them.	
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.	
\underline{X} 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: Timothy Tart Date: 2/21/2025	