

RESIDENTIAL BUILDING APPLICATION

Site Address: Hidden Lakes North LOT# 27 Spring Lake, NC 28390 PIN: 0506-41-8542.000

Owner: Wellco Contractors, Inc. Phone: 910-436-3131 Email: jason@wswellonsrealty.com

Description of Proposed Work: SFD Total Job Cost: \$200,000.00

GENERAL CONTRACTOR INFORMATION

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

Wellco Contractors, Inc. 910-436-3131
General Contractor's Company Name Phone
P.O. Box 766 Spring Lake, NC 28390 jason@wswellonsrealty.com
Address Email
7402
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Total Electric Service Size: 200 Amps T-Pole: YES XX NO ☐
JM Pope Electric 919-776-5144
Electrical Contractor's Company Name Phone
409 Chatham Street Sanford, NC pmillerc46600@gmail.com
Address Email
21326L
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Total Heating and Cooling
Carolina Comfort Air 910-436-3450
Mechanical Contractor's Company Name Phone
703 N. Clinton Ave Dunn, NC 28334 rncteam@carolinacomfortair.com
Address Email
29077
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: Total Plumbing # of Fixtures: 11
Titans Plumbing 919-615-1947
Plumbing Contractor's Company Name Phone
P.O. Box 1045 Dunn NC
Address Email
34800
License #

INSULATION CONTRACTOR INFORMATION

Parker Brother Insulation 910-564-4132
Insulation Contractor's Company Name Phone

APPLICATION CONTINUES ON BACK



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years 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 of Corporation

10/14/2025
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

XXX General Contractor Owner Officer/Agent of the Contractor or Owner

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

XX Has 3 or more employees and has obtained workers' compensation insurance to cover them,

 Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

XX Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

 Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

Charles Jason Wellons
Signature of Owner/Contractor/Officer of Corporation

10/14/2025
Date