



Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. 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: NCT Specialty Contracting, Inc Date: 5-17-23
Site Address: 48 Cotton Fields Ln. Fugate Farms Phone: 919-270-1928
Subdivision: Cotton Farms Lot: 3
Description of Proposed Work: New Single Family home Total Job Cost: 525,000

General Contractor Information

NCT Specialty Contracting, Inc 919-270-1928
Building Contractor's Company Name Telephone
700 Maple Brook Rd. David@NCTSpecialty.com
Address Email Address
73212 HEATED SQ FT 2946 GARAGE SQ FT 764
License #

Electrical Contractor Information

Description of Work New Single Family Service Size: 400 Amps T-Pole: Yes No
Tool Time Services 919-422-6607
Electrical Contractor's Company Name Telephone
PO Box 2207 Garner, NC 27529 Tooltimeservices@gmail.com
Address Email Address
30304 - U James Woodland .com
License #

Mechanical/HVAC Contractor Information

Description of Work New Single Family Home
A. Maynor Heating & Air Conditioning, Inc 919 361 0993
Mechanical Contractor's Company Name Telephone
4108 Atlantic Ave. Raleigh NC 27604 scheduling@maynorservices.com
Address Email Address
35159- Christopher Bray .com
License #

Plumbing Contractor Information

Description of Work Single Family Home # Baths 3
Raleigh Plumbing & Heating 919 821 2300
Plumbing Contractor's Company Name Telephone
5060 Trademark Drive Raleigh NC garyp@raleighplumbing.com
Address Email Address
17542 P-1 .com
License #

Insulation Contractor Information

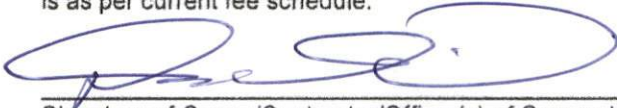
Stephens Building Products 919 937 8543
Insulation Contractor's Company Name & Address Telephone

*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.



Signature of Owner/Contractor/Officer(s) of Corporation

5-17-23

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:  Manager

Date: 5-17-23