



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: 5-10-24  
Site Address: 171 Deer Tail Lane Fuquay-Varina Phone: 919-270-1928  
Subdivision: Cotton Farms Lot: 49  
Description of Proposed Work: New Single Home Total Job Cost: 550,000

**General Contractor Information**

NCT Specialty Contracting Inc 919-270-1928  
Building Contractor's Company Name Telephone  
8344 Murrfield Dr. Fuquay Varina David@NCTSpecialty.com  
Address Email Address  
73212 Unlimited HEATED SQ FT 3071 GARAGE SQ FT 890  
License #

**Electrical Contractor Information**

Description of Work New Single Family Service Size: 200 Amps T-Pole:  Yes  No  
Tool Time Services, Inc 910-316 9063  
Electrical Contractor's Company Name Telephone  
PO Box 2207 Garner, NC tooltime services@  
Address Email Address gmail.com  
30306-U James Wardland  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New Single Family  
Duke's AVAC 919-779 0498  
Mechanical Contractor's Company Name Telephone  
7429 Old Banc om Rd Raleigh cme4hvac@bellsouth  
Address Email Address net  
27029 NC 27610  
License #

**Plumbing Contractor Information**

Description of Work New Single Family # Baths 3 1/2  
Raleigh Plumbing 919-821-2300  
Plumbing Contractor's Company Name Telephone  
5060 Trademark Dr. Raleigh NC lauren@splashgalleries  
Address Email Address .com  
17542 27610  
License #

**Insulation Contractor Information**

Stephen's 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

5-10-24  
 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:

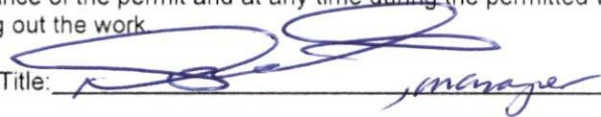
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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: 5-10-24