

Application #	
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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**

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Owner's Name: NCT Specialty Contracting,	Inc Date 7-16-24	
Site Address: 374 Deer Tail Lane Fugue	ay Variathone 919-270-1928	
Subdivision: Cotton Farms	Lot 38	
Description of Proposed Work: New Single Family 1	Total Job Cost 700,000	
General Contractor Information		
NCI Specialty Contracting Inc	919-270-1928	
Building Contractor's Company Name	Telephone	
8344 Muss field Dr. Huguay Varina	Devida NCT Specialty. com	
Address	Email Address	
73212 Volimite HEATED SQ FT 2949 GARAGE SC	DFT 432	
License # Electrical Contractor Information	n	
Description of Work Wire a new Single Family Service Size:	Amps T-Pole: Yes No	
100 Time Services	910-316 9063	
Electrical Contractor's Company Name	Telephone	
	tooltime services agmost	
Address	Email Address	
30306-0		
License #  Mechanical/HVAC Contractor Information		
Description of Work Install HVAC in new detache	ed Single Family home	
Dike's HVAC	919 779 0498	
Mechanical Contractor's Company Name	Telephone	
7429 Old Barcom Kd.	cme4h vac @ bell south	
Address Dalach NC 27610	Email Address	
_0000	, , _ ,	
License #  Plumbing Contractor Information	n	
	2	
Description of Work Market Install Tuen Plumbia	# Baths 3,5	
Rajer A Plambille	Telephone	
Plumbing Contractor's Company Name 5000 Trade mark Drive	10.00 000101	
Address 12 Daland AV ATA	Lauren @ splash galleries Email Address	
17542 Raleigh NX 27610	o L GIN	
License #		
Insulation Contractor Information		
Stephens Building graducts	919-630 8365	
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.

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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: Date: 7-16-24		