



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: NCT Specialty Contracting, Inc Date 10-24-24  
Site Address: 25 Deer tail lane Fuquay-Varina Phone 919-270-1928  
Subdivision: Cotton Farms Lot 52  
Description of Proposed Work: Build Single Family home Total Job Cost 600,000

**General Contractor Information**

NCT Specialty Contracting Inc 919-270-1928  
Building Contractor's Company Name Telephone  
8344 Muirfield Drive Fuquay Varina David@NCTSpecialty.  
Address Email Address  
73212 HEATED SQ FT 2939 GARAGE SQ FT 908 com  
License #

**Electrical Contractor Information**

Description of Work Wire New Home Service Size: 200 Amps T-Pole:  Yes  No  
Tool Time Services, Inc 919-977-1408  
Electrical Contractor's Company Name Telephone  
447 Cleveland Crossing Dr. Suite 104  
Address Email Address  
V. 30306 Garner NC 27529 tooltime services@gmail.com  
License #

**Mechanical/HVAC Contractor Information**

Description of Work HVAC for New Single Family home  
Duke's HVAC 919-779-0498  
Mechanical Contractor's Company Name Telephone  
7429 Old Bowcom Rd Raleigh NC ome4 hvac@bellsouth.  
Address Email Address  
28029 27610 net  
License #

**Plumbing Contractor Information**

Description of Work Plumb new single family # Baths 3 1/2  
Raleigh Plumbing 919-821-2300  
Plumbing Contractor's Company Name Telephone  
5060 Trademark Drive Raleigh lauren@raleighplumbing.com  
Address Email Address  
17542  
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

10-24-24  
\_\_\_\_\_  
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:  \_\_\_\_\_ Date: 10-24-24