

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

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

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Mattamy Homes LLC		Date: 5/5/21
Site Address: 1820 Ballard Rd		Phone: 919-852-0840
Description of Proposed Work: Retaining Wall In	stallation - 3 w	
General Contractor Informa	tion: Building	Cost \$ 37,523.75
Blackleaf, Inc.		919-852-0840
Building Contractor's Company Name		Telephone
612 W Lane St Raleigh, NC 27603		amelia@verticalwalls.com
Address		Email Address
		74806
Signature of Owner/Contractor/Officer(s) of Corpo	ration	l icense #
Electrical Contractor Informa	tion: Electrical	Cost \$
Description of Work	_Service Size:	Amps #T-Poles
Electrical Contractor's Company Name		
Electrical Contractor's Company Name		Telephone
Address		
Address		Email Address
Signature of Owner/Contractor/Officer(s) of Corpo	ration	
Mechanical Contractor Informa	raแอก ation: Mechan	License #
Description of Work		
- see profit		# Units
Mechanical Contractor's Company Name		Telephone
The second of th		relephone
Address		Email Address
		Lindii Address
Signature of Owner/Contractor/Officer(s) of Corpor	ration	License #
Plumbing Contractor Information	on: Plumbing (Cost \$
Description of Work		# Baths
		" Battis
Plumbing Contractor's Company Name		- Telephone
		i diaphona
Address		Email Address
Signature of Owner/Contractor/Officer(s) of Corpor	ation	License #
Insulation Con	tractor Inform	ation
Insulation Contractor's Company Name & Address		
mediation contractor a company Marile & Address		Telephone

*NOTE: General Contractor must fill out and sign the second page of this application



Sprinkler Contractor Inf			
Sprinkler Contractor Info	<u>ormation</u>		
Sprinkler Contractor's Company Name	Telephone		
Address	Email Address		
Signature of Officer(s) of Corporation Fire Alarm Contractor Inf	License # ormation		
Fire Alarm Contractor's Company Name	Telephone		
Address	Email Address		
Signature of Officer(s) of Corporation	License #		
Driveway Access - NC Department of Transportation Drive			
I hereby certify that I have the authority to make necessary app and that the construction will conform to the regulations in the Mechanical codes, and the Harnett County Zoning Ordinance. contractors is correct as known to me and if any changes occur number of bedrooms, building and trade plans, Environmental Hereby Changes, I certify it is my responsibility to notify the Harnett Coulany and all changes. Expired Permit Fees - 6 months to 2 years permit re-issue fee is charged at full price per current fee schedule.	ne Building, Electrical, Plumbing and I state the information on the above including listed contractors, site plan, ealth permit changes or proposed use unty Central Permitting Department of		
1			
Signature of Owner/Contractor/Officer(s) of Corporation	5/5/21 Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14			
The undersigned applicant being the:			
	Agent of the Contractor or Owner		
Do hereby confirm under penalties of perjury that the person(s), fi set forth in the permit:	irm(s) or corporation(s) performing the work		
Has three (3) or more employees and has obtained worker	s' compensation insurance to cover them.		
Has one (1) or more subcontractors(s) and has obtained withem.	orkers' compensation insurance to cover		
Has one (1) or more subcontractors(s) who has their own poorering themselves.	oolicy of workers' compensation insurance		
Has no more than two (2) employees and no subcontractor	rs.		
While working on the project for which this permit is sought it is undepartment issuing the permit may require certificates of coverage to issuance of the permit and at any time during the permitted work carrying out the work.	e of worker's compensation insurance prior		
Sign w/Title:	Date: 5/5/21		