

RESIDENTIAL BUILDING APPLICATION

Site Address: TBD, Fuquay Varina NC 27526 **PIN:** TBD

Owner: Mattamy Homes LLC **Phone:** 919-233-3886 **Email:** _raleigh_planreview@mattamycorp.com

Description of Proposed Work: Single Family Home, Cardinal Landing Lot 9 **Total Job Cost:** \$186,586.40

GENERAL CONTRACTOR INFORMATION

*** Must be owner or licensed contractor. Address, company name & phone must match information on license.**

Mattamy Homes LLC 919-233-3886
General Contractor's Company Name Phone
11000 Regency Pkwy, Cary NC 27518 _raleigh_planreview@mattamycorp.com
Address Email
49775
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: _____ Service Size: _____ Amps T-Pole: YES NO
Romanoff Electrical Residential LLC 919-848-4652
Electrical Contractor's Company Name Phone
2728 Capital Blvd, Raleigh NC 27604, Suite 101 _____
Address Email
12915
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: _____
Carolina Air Conditioning Company Inc. 984-227-2443
Mechanical Contractor's Company Name Phone
2728 Capital Blvd Suite 102, Raleigh NC 27604 _____
Address Email
37286
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: _____ # of Fixtures: 2.5
A. Maynor Heating & Air Conditioning Inc. 919-361-0993
Plumbing Contractor's Company Name Phone
2412 Yonkers Road, Raleigh NC 27604 _____
Address Email
36504
License #

INSULATION CONTRACTOR INFORMATION

Live Green Inc. 5001 Old Poole Rd, Raleigh NC 27610 919-453-6411
Insulation Contractor's Company Name Phone

APPLICATION CONTINUES ON BACK



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Drew Brody

Signature of Owner/Contractor/Officer of Corporation

4/1/2026

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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- Has 3 or more employees and has obtained workers’ compensation insurance to cover them,
- Has 1 or more subcontractors and has obtained workers’ compensation insurance to cover them,
- Has 1 or more subcontractors who has their own policy of workers’ compensation insurance covering themselves,
- Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers’ compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

Drew Brody

Signature of Owner/Contractor/Officer of Corporation

4/1/2026

Date