

*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
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
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Mattamy Homes Date: 05.11.23
Site Address: 196 Providence Creek Drive Phone: 919-422-1209

Directions to job site from Lillington: _____
From NC-210 N/N Main Street, Turn Left onto Harnett Central Road
Left onto Providence Creek Drive.

Subdivision: Providence Creek Lot: _____

Description of Proposed Work: Pump Building

Heated SF _____ Unheated SF 931 SF **\$300,000.00**
General Contractor Information: Building Cost \$ _____
Poythress Commercial Contractors, Inc. 919-422-1209

Building Contractor's Company Name _____ Telephone _____
224 Towerview Court Cary, NC 27513 mike@poythress.com

Address _____ Email Address _____
Will C 30760-UL

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____
Electrical Contractor Information: Electrical Cost \$ 20,000.00

Description of Work Electrical Service Size: 200 Amps #T-Poles 1
Inderdeo, Inc. 919-720-0722

Electrical Contractor's Company Name _____ Telephone _____
120 Preston Executive Drive Cary, NC 27519 vik@inderdeo.com

Address _____ Email Address _____
Vik Inderdeo 32021
dotloop verified 07/19/23 2:05 PM EDT YVMX-BHSE-CTBI-BGCV

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____
Mechanical Contractor Information: Mechanical Cost \$ 8,000

Description of Work HVAC # Units 0
Modern Mechanical 919-934-1651

Mechanical Contractor's Company Name _____ Telephone _____
1544 Mechanical Blvd. Garner, NC 27529 seisenmannjr@modernmechvac.com

Address _____ Email Address _____
Stephen Eisenmann Jr 29380 H-2
dotloop verified 07/19/23 3:45 PM EDT QD7G-3LUH-6K3Q-RV2F

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____
Plumbing Contractor Information: Plumbing Cost \$ 30,000

Description of Work Plumbing # Baths 2
Team Plumbing, LLC 919-714-2571

Plumbing Contractor's Company Name _____ Telephone _____
817 Dusty Winds Court Willow Spring, NC 27592 wayne@teamplumbingnc.com

Address _____ Email Address _____
Wayne Hughart 21476
dotloop verified 07/19/23 1:34 PM EDT Q9MS-SRQZ-UVIW-BXGA

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Insulation Contractor Information

Live Green 5001 Old Poole Road Raleigh, NC 27610 919-453-6411
Insulation Contractor's Company Name & Address _____ Telephone _____

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

Sprinkler Contractor Information

None

Sprinkler Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Fire Alarm Contractor Information

None

Fire Alarm Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Driveway Access - NC Department of Transportation Driveway Access/Permit? ____ Yes ____ No

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 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 charged at full price per current fee schedule.

Will E

05.11.23

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.

Company or Name: Poythress Commercial Contractors, Inc.

Sign w/Title: *Will E* Date: 05.11.23