

Application # \_\_\_\_\_

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

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

## **Application for Residential Building and Trades Permit**

Owner's Name: _	Mattamy Homes LLC	_Date _	1/25/2022		
Site Address:	74 Hartford Ln Fuquay Varina, NC 27526		Phon	e <u>9192333886</u>	
Subdivision: P	rovidence Creek		_Lot	88	
Description of Pro	posed Work: Single Family Dwelling		_ Total Job Cos	st <u>\$256,620.00</u>	
	General Contractor Infor	mation			
Mattamy Ho	mes LLC		9192333886		
Building Contractor's Company Name			Telephone		
11000 Regency Pkwy Cary, NC 27518			_Raleigh_PlanReview@mattamycorp.com		
Address			Email Address	3	
49775	HEATED SQ FT 3185	GARAGI	E SQ FT50	11	
License #					
Description of Wo	rk <u>Wiring</u> Service			ole: ves Yes No	
	etric Inc.		' 637474		
	tor's Company Name	0100	Telephone		
837 Perrv Rd A	pex, NC 27502	campo	mizzi@mindsp	rina.com	
Address			Email Address		
L19850					
License #					
	Mechanical/HVAC Contractor				
Description of Wo	rk HVAC System				
A. Maynor Heating & Air Conditioning Inc.			9196832421		
Mechanical Contractor's Company Name			Telephone		
1094 Class	sic Road Apex, NC 27539			<u></u>	
Address			Email Address	3	
L12309					
License #	Plumbing Contractor Info	rmation			
D ' ' ' ' ()A/	Plumbing Contractor Info		_	4.5	
•	rk <u>Plumbing</u>				
		919533	4455		
_	tor's Company Name		Telephone		
PO Box 934 Clayton, NC 27528  Address			Email Address	<u></u>	
			Email Address	5	
License #					
2.001.00 //	Insulation Contractor Info	rmation	<u>1</u>		
Live Green Inc.	5001 Old Poole Rd Raleigh, NC 27610		9194536411		
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.

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<b>EXPIRED PERMIT FEES</b> - 6 Months to 2 years permit re-is	sue 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	1/25/2022
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Compe	ensation N.C.G.S. 87-14
The undersigned applicant being the:	, 13dii 011 14.0.0.0.01 14
General Contractor Owner C	officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the perso set forth in the permit:	n(s), firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained	workers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obta them.	ined workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has their covering themselves.	own policy of workers' compensation insurance
Has no more than two (2) employees and no subcor	tractors.
While working on the project for which this permit is sought Department issuing the permit may require certificates of co to issuance of the permit and at any time during the permitt carrying out the work.	overage of worker's compensation insurance prior
Sign w/Title:	Date: