

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 _	1/25/2	2022	
Site Address: 87 Windswept Way Fuquay Varina, NC 2752	26	Phone	919233	3886
Subdivision: Providence Creek		Lot	5	8
Description of Proposed Work: Single Family Dwelling		_Total Jo	b Cost _	\$204750.00
General Contractor Info	rmation			
Mattamy Homes LLC	9192333886			
Building Contractor's Company Name	Telephone			
11000 Regency Pkwy Cary, NC 27518	_Raleigh_PlanReview@mattamycorp.com			
Address		Email Ac		
49775 HEATED SQ FT2567	GARAGE	E SQ FT	421_	
License # Electrical Contractor Info	ormation	ı		
Description of Work Wiring Service			T-Pole:	<u>yes</u> Yes <u>N</u> o
Imperial Electric Inc.		637474		
Electrical Contractor's Company Name		Telephor		
837 Perry Rd Apex, NC 27502	campoi	mizzi@m	indspring	ı.com_
Address		Email Ac		
L19850				
License #		4		
Mechanical/HVAC Contractor				
Description of Work HVAC System				
A. Maynor Heating & Air Conditioning Inc.		1968324	21	
Mechanical Contractor's Company Name	Telephone			
1094 Classic Road Apex, NC 27539				
Address		Email Ac	ldress	
L12309				
License # Plumbing Contractor Info	ormotion			
		='	_	_
Description of Work Plumbing		# Baths_	2	5
Barbour & Pourron Plumbing Inc	919533			
Plumbing Contractor's Company Name		Telephor	ne	
PO Box 934 Clayton, NC 27528 Address		Email Ac	lalas a a	
		Email Ad	laress	
<u>L27132</u>				
License # Insulation Contractor Info	ormation	1		
Live Green Inc. 5001 Old Poole Rd Raleigh, NC 27610		- 919453	6411	
Insulation Contractor's Company Name & Address	-	Telephor		



*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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The state of the s	ermit re-issue fee is \$150.00. After 2 years re-issue fee
is as per current fee schedule.	
Andrew Broke	1/25/2022
Signature of Owner/Contractor/Officer(s) of Corpor	ration Date
Affi do di fon Mondonio	O N O O O O 7 44
	Compensation N.C.G.S. 87-14
The undersigned applicant being the:	
General Contractor Owner _	Officer/Agent of the Contractor or Owner
	the person(s), firm(s) or corporation(s) performing the work
set forth in the permit:	
Has three (3) or more employees and has o	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.	That their own pelicy of workers compensation incuration
•	
Has no more than two (2) employees and n	o subcontractors.
While working on the project for which this permit i	s sought it is understood that the Central Permitting
	ates of coverage of worker's compensation insurance prior
	e permitted work from any person, firm or corporation
carrying out the work.	
Sign w/Title:	_ Date: