

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 _	3/21/2022			
Site Address:	30 Hartford Lane Fuquay Varina, NC 275	26	Phone	919233	3886	
Subdivision: Pr	ovidence Creek		Lot	8	35	
Description of Prop	posed Work: Single Family Dwellin	ng	Total Jo	b Cost _	\$287,414.40	
	General Contractor In	<u>nformation</u>				
Mattamy Homes LLC			9192333886			
Building Contractor's Company Name			Telephone			
11000 Regency Pkwy Cary, NC 27518 Address			_Raleigh_PlanReview@mattamycorp.com Email Address			
	WEATER CO ET 2405					
49775 License #	<u>HEATED SQ FT3185</u>	GARAGE	SUFI	<u>50 I</u>		
	Electrical Contractor I					
Description of Wor	k <u>Wiring</u> Ser	vice Size: _	Amps	T-Pole:	<u>yes</u> Yes <u>No</u>	
Imperial Elect	tric Inc.		37474			
	or's Company Name		Telepho			
837 Perry Rd Apex, NC 27502			mizzi@m	<u>indspring</u>	g.com_	
Address			Email Ad	aaress		
L19850 License #						
License #	Mechanical/HVAC Contrac	tor Informa	ition			
Description of Wor	k HVAC System					
	N ITVAO OYSICIII					
·	•			21		
A. Maynor Hea	ating & Air Conditioning Inc.	9	1968324			
A. Maynor Hea	ating & Air Conditioning Inc. actor's Company Name	9				
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A. Maynor Hea Mechanical Contra 1094 Class Address 35139 License # Description of Wor Barbour & P	ating & Air Conditioning Inc. actor's Company Name ic Road Apex, NC 27539 Plumbing Contractor I by Plumbing Courron Plumbing Inc	nformation	1968324 Telephor Email Ac # Baths_	ne ddress	3.5	
A. Maynor Hea Mechanical Contra 1094 Class Address 35139 License # Description of Wor Barbour & P	ating & Air Conditioning Inc. actor's Company Name ic Road Apex, NC 27539 Plumbing Contractor I	nformation	Telephor Email Ac	ne ddress	3.5	
A. Maynor Hea Mechanical Contra 1094 Class Address 35139 License # Description of Wor Barbour & P Plumbing Contract PO Box 934	ating & Air Conditioning Inc. actor's Company Name ic Road Apex, NC 27539 Plumbing Contractor I by Plumbing Courron Plumbing Inc	nformation	Telephor Email Ac # Baths_ 4455 Telephor	ddress	3.5	
A. Maynor Heat Mechanical Contrated 1094 Classic Address 35139 License # Description of Work Barbour & P Plumbing Contract	eting & Air Conditioning Inc. ector's Company Name ic Road Apex, NC 27539 Plumbing Contractor I ck Plumbing Courron Plumbing Inc tor's Company Name	nformation	1968324 Telephor Email Ac # Baths_	ddress	3.5	
A. Maynor Hea Mechanical Contra 1094 Classi Address 35139 License # Description of Wor Barbour & P Plumbing Contract PO Box 934 Address L27132	eting & Air Conditioning Inc. ector's Company Name ic Road Apex, NC 27539 Plumbing Contractor I ck Plumbing Courron Plumbing Inc tor's Company Name	nformation	Telephor Email Ac # Baths_ 4455 Telephor	ddress	3.5	
A. Maynor Hea Mechanical Contra 1094 Classi Address 35139 License # Description of Wor Barbour & P Plumbing Contract PO Box 934 Address	eting & Air Conditioning Inc. ector's Company Name ic Road Apex, NC 27539 Plumbing Contractor I ck Plumbing Courron Plumbing Inc tor's Company Name	<u>nformation</u> 919533	Telephor Email Ac # Baths_ 4455 Telephor Email Ac	ddress	3.5	
A. Maynor Hea Mechanical Contra 1094 Classi Address 35139 License # Description of Wor Barbour & P Plumbing Contract PO Box 934 Address L27132	Plumbing Contractor I Pourron Plumbing Inc. Pourron Plumbing Inc tor's Company Name Courron Name Courron Name Colayton, NC 27528	nformation 9195334	Telephor Email Ac # Baths_ 4455 Telephor Email Ac	ddress a	3.5	



*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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EXPIRED PERMIT FEES - 6 Months to 2 years permit re-is is as per current fee schedule.	ssue fee is \$150.00. After 2 years re-issue fee
is as per current lee schedule.	
Anhon CD ah	
Signature of Owner/Contractor/Officer(s) of Corporation	3/21/2022
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Comp	ensation N.C.G.S. 87-14
The undersigned applicant being the:	
General Contractor Owner C	Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the personal set forth in the permit:	on(s), firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained	· · · · · · · · · · · · · · · · · · ·
Has one (1) or more subcontractors(s) and has obtathem.	nined workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has thei covering themselves.	r own policy of workers' compensation insurance
Has no more than two (2) employees and no subcor	ntractors.
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 permit carrying out the work.	overage of worker's compensation insurance prior
Sign w/Title:	Date: