

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	4/13/2022			
Site Address: 144 Davinhall Dr Fuquay Vari	na, NC 27526	Phone	91923338	886	
Subdivision: Providence Creek		Lot	10	5	
Description of Proposed Work: Single Fa	mily Dwelling	Total Jol	b Cost	\$225,607.20	
General Co	ntractor Information				
Mattamy Homes LLC		9192333	886		
Building Contractor's Company Name		Telephone			
11000 Regency Pkwy Cary, NC 27518 Address		_l h_PlanR Email Ad		nattamycorp.com	
49775 HEATED SQ FT	2339 GARAGE	SQ FT	<u>458</u>		
License #	ontractor Information				
Description of Work Wiring		_Amps	T-Pole:	<u>yes</u> YesNo	
Ideal Electric	704.00	-			
Electrical Contractor's Company Name		Telephor			
2436 South Miami Blvd Durham, NC 27703	colleen.l	heinrich(@idealeled	c.com_	
Address	E	Email Ad	dress		
27098					
License # Mechanical/HV/	C Contractor Informat	tion			
Description of Work HVAC System		<u></u>			
A. Maynor Heating & Air Conditioning Inc.					
Mechanical Contractor's Company Name		Telephone			
• •	!	releption	16		
1094 Classic Road Apex, NC 27539 Address	E	Email Ad	dress		
35139					
License #					
Plumbing C	ontractor Information				
Description of Work Plumbing		# Baths_	2		
		455			
Plumbing Contractor's Company Name		Telephor	ne		
PO Box 934 Clayton, NC 27528					
Address	ŀ	Email Ad	dress		
<u>L27132</u> License #					
	ontractor Information				
Live Green Inc. 5001 Old Poole Rd Raleigh,		9194536	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.

any and all changes.	on Journa Community Department of
EXPIRED PERMIT FEES - 6 Months to 2 years permit re-	ssue fee is \$150.00. After 2 years re-issue fee
is as per current fee schedule.	
A	
Signature of Owner/Contractor/Officer(s) of Corporation	4/13/2022
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 (Officer/Agent of the Contractor or Owner
Outeral outstands	omoci/rigonic of the contractor of cwiler
Do hereby confirm under penalties of perjury that the personal transfer is the personal transfer in the personal transfer	on(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 obtathem.	ained workers' compensation insurance to cover
ulom.	
Has one (1) or more subcontractors(s) who has the	ir own policy of workers' compensation insurance
covering themselves.	
Has no more than two (2) employees and no subco	ntractors.
While working on the project for which this permit is sough Department issuing the permit may require certificates of o	
to issuance of the permit and at any time during the permit	
carrying out the work.	
Sign w/Title:	Date: