

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

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

Application for Residential Building and Trades Permit

| Owner's Name: Mattamy Homes LLC | _Date7/6/2022 |
|--|--|
| Site Address: 83 Hartford Lane, Fuquay Varina NC 27526 | Phone <u>9192333886</u> |
| Subdivision: Providence Creek | Lot80 |
| Description of Proposed Work: Single Family Dwelling | Total Job Cost <u>\$287,414.40</u> |
| General Contractor Info | rmation |
| Mattamy Homes LLC | 9192333886 |
| Building Contractor's Company Name | Telephone |
| <u>11000 Regency Pkwy Cary, NC 27518</u> Address | _Raleigh_PlanReview@mattamycorp.com Email Address |
| | GARAGE SQ FT 501 |
| License # | |
| Electrical Contractor Info Description of Work Wiring | |
| Ideal Electric | |
| Electrical Contractor's Company Name | Telephone |
| 2436 South Miami Blvd Durham, NC 27703 | colleen.heinrich@idealelec.com |
| Address | Email Address |
| 27098 | |
| License # Mechanical/HVAC Contracto | r Information |
| Description of Work HVAC System | |
| | |
| | <u>9196832421</u> |
| Mechanical Contractor's Company Name | Telephone |
| <u>1094 Classic Road Apex, NC 27539</u> Address | Email Address |
| | |
| <u>35139</u> License # | |
| Plumbing Contractor Information | |
| Description of Work Plumbing | # Baths3.5 |
| Parbour & Dourron Dlumbing Inc. | |
| Barbour & Pourron Plumbing Inc | 9195334455 |
| Plumbing Contractor's Company Name | 9195334455 Telephone |
| Plumbing Contractor's Company Name PO Box 934 Clayton, NC 27528 | Telephone |
| Plumbing Contractor's Company Name | |
| Plumbing Contractor's Company Name PO Box 934 Clayton, NC 27528 Address L27132 | Telephone |
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*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.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Ander Brond

Signature of Owner/Contractor/Officer(s) of Corporation

7/6/2022

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. Sign w/Title: Date: