

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 _	8/30/	2022		
Site Address:	90 Davinhall Drive, Fuquay Varina NC 2752	26	_ Phone	919233	3886	
Subdivision: Prov	ridence Creek		_Lot		101	
Description of Proposed Work: Single Family Dwelling			_ Total Jo	b Cost _	\$201,073	.60
	General Contractor Info	rmation				
Mattamy Homes LLC			9192333	3886		
Building Contractor's Company Name			Telepho	ne		
11000 Regency Pkwy Cary, NC 27518			_Raleigh_PlanReview@mattamycorp.com			
Address			Email A			
49775 License #	HEATED SQ FT 2100	GARAG	E SQ FT	460_		
	Electrical Contractor Info					
Description of Work	Wiring Service	e Size: _	Amps	T-Pole:	<u>yes</u> Yes _	_No
Ideal Electric		734-	9 <u>27-7440</u>			
Electrical Contractor			Telepho			
2436 South Miami Address	Blvd Durham, NC 27703	<u>colleer</u>	<u>n.heinrich</u> Email A		lec.com	
			Email A	uuress		
27098 License #						
Liconico II	Mechanical/HVAC Contractor	Inform	ation_			
Description of Work	HVAC System					
A. Maynor Heatir	ng & Air Conditioning Inc.		91968324	121		
Mechanical Contractor's Company Name			Telepho	ne		
1094 Classic	Road Apex, NC 27539					
Address			Email A	ddress		
35139						
License #	Plumbing Contractor Info	ormation	1			
Description of Work	Plumbing		_	,)	
•						
Barbour & Pourron Plumbing Inc Plumbing Contractor's Company Name		919533	4455 Telepho			
_	ayton, NC 27528					
Address			Email Address			
L27132						
License #						
	Insulation Contractor Info	ormatioi	_			
Live Green Inc. 5001 Old Poole Rd Raleigh, NC 27610			919453 Telepho			
Insulation Contractor's Company Name & Address			rolopilo			



*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.

changes, I certify it is my responsibility to notify the Hall any and all changes.	mental Health permit changes or proposed use rnett County Central Permitting Department of
EXPIRED PERMIT FEES - 6 Months to 2 years permit re	e-issue fee is \$150.00. After 2 years re-issue fee
Signature of Owner/Contractor/Officer(s) of Corporation	
Affidavit for Worker's Com The undersigned applicant being the:	pensation N.C.G.S. 87-14
General Contractor Owner	_ Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the pe set forth in the permit:	erson(s), firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained	ed workers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has of them.	btained workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has the covering themselves.	heir own policy of workers' compensation insurance
Has no more than two (2) employees and no sub-	contractors.
While working on the project for which this permit is sough Department issuing the permit may require certificates of to issuance of the permit and at any time during the permit carrying out the work.	of coverage of worker's compensation insurance prior
Sign w/Title:	Date: