

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:	Kingsford Lane, Fuquay Varina NC 27526		_ Phone	919233	33886	
Subdivision: Provi	dence Creek		_Lot	-	70	
Description of Propos	ed Work: Single Family Dwelling		_ Total Jo	ob Cost _	\$266,375	.20
	General Contractor Info	rmation				
Mattamy Homes LLC			9192333	3886		
Building Contractor's Company Name			Telepho	ne		
11000 Regency F	_Raleigh_PlanReview@mattamycorp.com					
Address			Email A			
49775 License #	HEATED SQ FT 2964	GARAG	E SQ FT	437		
LICENSE #	Electrical Contractor Info	rmation	<u>1</u>			
Description of Work _	Wiring Service			T-Pole:	: <u>yes</u> Yes _	_No
Ideal Electric		734-9	<u>927-7440</u>			
Electrical Contractor's	Company Name		Telepho	ne		
	Blvd Durham, NC 27703	colleer			lec.com_	
Address			Email A	ddress		
27098 License #	<u> </u>					
License #	Mechanical/HVAC Contractor	Informa	ation			
Description of Work	HVAC System					
	a & Air Conditioning Inc.		91968324			
Mechanical Contractor's Company Name			Telepho			
	load Apex, NC 27539					
Address			Email A	ddress		
35139						
License #		4.				
	Plumbing Contractor Info		_			
Description of Work _	Plumbing		_# Baths <sub>-</sub>		2.5	
		919533	4455			
Plumbing Contractor's			Telepho	ne		
PO Box 934 Clayton, NC 27528 Address			Email A	d dua a a		
			Email A	uuress		
L27132 License #	<del>_</del>					
2.551100 11	Insulation Contractor Info	ormation	<u>n</u>			
Live Green Inc. 5		919453	36411			
<u>Live Green Inc.</u> 5001 Old Poole Rd Raleigh, NC 27610 Insulation Contractor's Company Name & Address			Telepho			



## \*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 fe is as per current fee schedule.    Signature of Owner/Contractor/Officer(s) of Corporation   8/30/2022	umber of bedrooms, building and t	rade plans, Envi	rironmental Health permit changes or proposed use e Harnett County Central Permitting Department of
Signature of Owner/Contractor/Officer(s) of Corporation  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 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 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 to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.	XPIRED PERMIT FEES - 6 Month	s to 2 years per	mit re-issue fee is \$150.00. After 2 years re-issue fee
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oigh withitebate	ign w/Title:		Date: