

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 _	9/12/2022			
Site Address: Kingsford Lane, Fuquay Varina NC 27526			_ Phone	919233	33886	
Subdivision: Provi	dence Creek		_ Lot	(69	
Description of Propos	ed Work: Single Family Dwelling		_ Total Jo	b Cost_	\$235,799	.20
	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 Email Address			
Address						
49775 License #	HEATED SQ FT 2567	GARAG	E SQ FT	421		
	Electrical Contractor Info					
Description of Work _	Wiring Service	e Size: _	Amps	T-Pole:	<u>yes</u> Yes _	_No
Ideal Electric		734-	<u>927-7440</u>			
Electrical Contractor's			Telepho			
			colleen.heinrich@idealelec.com Email Address			
Address			Email A	udress		
27098 License #	<u> </u>					
LICENSE #	Mechanical/HVAC Contractor	Inform	ation_			
Description of Work _	HVAC System					
A. Maynor Heating & Air Conditioning Inc.			91968324	121		
Mechanical Contractor's Company Name			Telepho	ne		
1094 Classic Road Apex, NC 27539						
Address			Email A	ddress		
35139	<u> </u>					
License #	Plumbing Contractor Info	rmotior	_			
Daniel Commission	Plumbing Contractor Info		_	,	0.5	
	Plumbing					
		919533	34455			
Plumbing Contractor's Company Name			Telepho	iie		
PO Box 934 Clayton, NC 27528 Address			Email A	ddress		
L27132			Zilidii 7 k	uui 000		
License #						
	Insulation Contractor Info	ormatio	<u>n</u>			
Live Green Inc. 5001 Old Poole Rd Raleigh, NC 27610			919453	86411		
Insulation Contractor's Company Name & Address			Telepho	ne		



*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 perm is as per current fee schedule.	it re-issue fee is \$150.00. After 2 years re-issue fee
Andrew Broke	9/12/2022
Signature of Owner/Contractor/Officer(s) of Corporation	on Date
Affidavit for Worker's Co	ompensation 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 set forth in the permit:	person(s), firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obta	ained workers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has them.	s obtained workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who ha covering themselves.	s their own policy of workers' compensation insurance
Has no more than two (2) employees and no s	ubcontractors.
While working on the project for which this permit is s Department issuing the permit may require certificates to issuance of the permit and at any time during the p carrying out the work.	s of coverage of worker's compensation insurance prior
Sign w/Title:	Date: