

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 <u>10/4/2022</u> | |
|---|--|--|
| Site Address: 116 Davinhall Drive, Fuquay Varina NC 27 | 526 Phone <u>9192333886</u> | |
| Subdivision: Providence Creek | Lot103 | |
| Description of Proposed Work: Single Family Dwelling | Total Job Cost\$260,041.60 | |
| General Contractor Info | rmation | |
| Mattamy Homes LLC | 9192333886 | |
| Building Contractor's Company Name | Telephone | |
| 11000 Regency Pkwy Cary, NC 27518 Address | _Raleigh_PlanReview@mattamycorp.com Email Address | |
| | | |
| | GARAGE SQ FT 437 | |
| Electrical Contractor Info | | |
| Description of Work Wiring Service | e Size:Amps T-Pole: <u>yes</u> YesNo | |
| Ideal Electric | 734-927-7440 | |
| 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 WorkHVAC System | <u> </u> | |
| A. Maynor Heating & Air Conditioning Inc. | 9196832421 | |
| Mechanical Contractor's Company Name | Telephone | |
| 1094 Classic Road Apex, NC 27539 | | |
| Address | Email Address | |
| 35139 | | |
| License # Plumbing Contractor Info | ormation | |
| Description of Work Plumbing | | |
| • | | |
| Barbour & Pourron Plumbing Inc Plumbing Contractor's Company Name | 9195334455 Telephone | |
| | Тетернопе | |
| PO Box 934 Clayton, NC 27528 Address | Email Address | |
| L27132 | Zilidii / Iddi 666 | |
| License # | | |
| Insulation Contractor Information | | |
| Live Green Inc. 5001 Old Poole Rd Raleigh, NC 27610 | 9194536411 | |
| Insulation Contractor's Company Name & Address | Telephone | |



*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. | | |
|--|---------------------------------------|--|
| 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. | | |
| | | |
| Signature of Owner/Contracts/Officer(s) of Corneration | 40/4/2022 | |
| Signature of Owner/Contractor/Officer(s) of Corporation | | |
| Signature of Owner/Contractor/Officer(s) of Corporation | Date | |
| | | |
| | | |
| Affidavit for Worker's Comper | esation N.C.G.S. 87-14 | |
| The undersigned applicant being the: | | |
| The analogned approant some the | | |
| General Contractor Owner Off | icer/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 | | |
| 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. | | |
| Use no more than two (2) employees and no subcentractors | | |
| 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. | | |
| Cian w/Title | Data | |
| Sign w/Title: | Date: | |
| | | |