

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 _	10/25/2022			
Site Address: 172 Davinhall Drive, Fuquay Varina NC 27	526	Phone <u>9192333886</u>			
Subdivision: Providence Creek		_Lot	1	07	
Description of Proposed Work: Single Family Dwelling		_ Total Job Cost _		\$252,25	2.00
General Contractor Info	rmation				
Mattamy Homes LLC	omes LLC 9192333886				
Building Contractor's Company Name	Telephone				
11000 Regency Pkwy Cary, NC 27518 Address	_Raleigh_PlanReview@mattamyco Email Address			orp.com	
49775 HEATED SQ FT2821	GARAG	E SQ FT	<u>482</u>		
License #	ormotio:	_			
Description of Work Wiring Electrical Contractor Inf			T-Pole:	<u>yes</u> Yes	_No
Ideal Electric		927-7440			
Electrical Contractor's Company Name		Telephor			
	colleer	n.heinrich@idealelec.com			
Address		Email Address			
27098					
License #  Mechanical/HVAC Contractor	r Inform	ation			
Description of Work HVAC System					
·		91968324			
Mechanical Contractor's Company Name		Telephone			
1094 Classic Road Apex, NC 27539					
Address		Email Address			
35139					
License #	· <b>4•</b>	_			
Plumbing Contractor Inf		_			
Description of Work Plumbing				<u> </u>	
	919533	34455 Tolophor			
Plumbing Contractor's Company Name		Telephor	ie		
PO Box 934 Clayton, NC 27528  Address		Email Address			
L27132					
License #		_			
Insulation Contractor Inf	ormatio	<u> </u>			
<u>Live Green Inc.</u> 5001 Old Poole Rd Raleigh, NC 27610 Insulation Contractor's Company Name & Address	_	9194536411 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.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-iss	sue fee is \$150.00. After 2 years re-issue fee
is as per current fee schedule.	
Signature of Owner/Contractor/Officer(s) of Corporation	10/25/2022
Signature of Owner/Contractor/Onicer(s) of Corporation	Date
Affidavit for Worker's Compe	nsation N.C.G.S. 87-14
The undersigned applicant being the:	
General Contractor Owner Of	fficer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the persor set forth in the permit:	n(s), firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained w	vorkers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtain them.	ned workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has their covering themselves.	own policy of workers' compensation insurance
Has no more than two (2) employees and no subcont	tractors.
While working on the project for which this permit is sought in Department issuing the permit may require certificates of costo issuance of the permit and at any time during the permitted carrying out the work.	verage of worker's compensation insurance prior
Sign w/Title:	Date: