

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 _	10/26/2022				
Site Address: 147 Windswept Way, Fuquay Varina NC 2	27526	Phone <u>9192333886</u>		33886		
Subdivision: Providence Creek		Lot	į.	54		
Description of Proposed Work: Single Family Dwelling	9	Total Jo	b Cost _	\$226,844.80		
General Contractor Information						
Mattamy Homes LLC		9192333	3886			
Building Contractor's Company Name				Telephone		
11000 Regency Pkwy Cary, NC 27518 Address	Raleigh_Pla Email			mattamycorp.com		
49775 HEATED SQ FT 2339	GARAGE	E SQ FT	458			
License #		_				
Description of Work Wiring Servi			T-Pole	ves Yes No		
Ideal Electric)			
Electrical Contractor's Company Name		Telepho				
2436 South Miami Blvd Durham, NC 27703	colleen	.heinrich	@ideale	lec.com_		
Address		Email Address				
27098						
License # Mechanical/HVAC Contractor	or Informs	ation				
Description of Work HVAC System						
		<u>9196832421</u>				
Mechanical Contractor's Company Name Telephone						
1094 Classic Road Apex, NC 27539 Address		Email A	ddraee			
		Linaii A	uui 033			
35139 License #						
Plumbing Contractor In	<u>formation</u>	<u>l</u>				
Description of Work Plumbing		# Baths		2		
Barbour & Pourron Plumbing Inc	919533	4455				
Plumbing Contractor's Company Name		Telepho	ne			
PO Box 934 Clayton, NC 27528						
Address		Email Address				
<u>L27132</u> License #						
Insulation Contractor Information						
Live Green Inc. 5001 Old Poole Rd Raleigh, NC 27610		919453	86411			
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 f	fee is \$150.00. After 2 years re-issue fee		
is as per current fee schedule.			
Signature of Owner/Contractor/Officer(s) of Corporation	10/26/2022		
Signature of Owner/Contractor/Officer(s) of Corporation	Date		
Affidavit for Worker's Compensa	tion 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), set forth in the permit:	firm(s) or corporation(s) performing the work		
Has three (3) or more employees and has obtained works	ers' compensation insurance to cover them.		
Has one (1) or more subcontractors(s) and has obtained them.	workers' compensation insurance to cover		
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.			
Has no more than two (2) employees and no subcontracte	ors.		
While working on the project for which this permit is sought it is a Department issuing the permit may require certificates of covera to issuance of the permit and at any time during the permitted we carrying out the work.	ge of worker's compensation insurance prior		
Sign w/Title:	_ Date:		