

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>2/3/2023</u>
Site Address: 84 Kingsford Lane, Fuquay Varina NC 275	526 Phone <u>9192333886</u>
Subdivision: Providence Creek	Lot
Description of Proposed Work: Single Family Dwelling	TotalJob Cost\$ <u>201,073.60</u>
General Contractor Info	<u>ormation</u>
Mattamy Homes LLC	9192333886
Building Contractor's Company Name	Telephone
11000 Regency Pkwy Cary, NC 27518	_Raleigh_PlanReview@mattamycorp.com
Address	Email Address
49775 HEATED SQ FT 2100 License #	GARAGE SQ FT 460
Electrical Contractor Inf	formation
Description of Work Wiring Service	ce 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	
Address	Email Address
<u>27098</u> License #	
Mechanical/HVAC Contracto	or Information
Description of Work HVAC System	
A. Maynor Heating & Air Conditioning Inc.	9196832421
Mechanical Contractor's Company Name	Telephone
1094 Classic Road Apex, NC 27539	·
Address	Email Address
35139	
License #	5
Plumbing Contractor Inf	
Description of Work Plumbing	
Barbour & Pourron Plumbing Inc	9195334455
Plumbing Contractor's Company Name	Telephone
PO Box 934 Clayton, NC 27528 Address	Email Address
	Liliali Addiess
<u>L27132</u> License #	
Insulation Contractor In:	<u>formation</u>
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. Arbew Barby		the Harnett County Central Permitting Department of
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 worker 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 them. 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 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 price to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.	EXPIRED PERMIT FEES - 6 Months to 2 years pe	ermit re-issue fee is \$150.00. After 2 years re-issue fee
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 worker 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 them. 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 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 price to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.	Andrew Broky	2/3/2023
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 workset 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 them. 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 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 price to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.	Signature of Owner/Contractor/Officer(s) of Corpo	oration Date
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the worker 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 them. 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 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 price to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.		Compensation N.C.G.S. 87-14
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 them. 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 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 price to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.	General Contractor Owner _	Officer/Agent of the Contractor or Owner
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. 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 price to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.		the person(s), firm(s) or corporation(s) performing the work
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 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 price to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.	Has three (3) or more employees and has	obtained workers' compensation insurance to cover them.
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 price to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.	Has one (1) or more subcontractors(s) and them.	has obtained workers' compensation insurance to cover
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 price to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.		o has their own policy of workers' compensation insurance
Department issuing the permit may require certificates of coverage of worker's compensation insurance price to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.	Has no more than two (2) employees and r	no subcontractors.
Sign w/Title: Date:	Department issuing the permit may require certific to issuance of the permit and at any time during the	cates of coverage of worker's compensation insurance prior
·	Sign w/Title:	Date: