

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:	s Name: Mattamy Homes LLC		11/7/2022				
Site Address:1	161 Windswept Way, Fuquay Varina NC 27	′526	_ Phone	919233	33886		
Subdivision: Provi	dence Creek		_Lot	į	53		
Description of Proposed Work: Single Family Dwelling			_ Total Jo	ob Cost _	\$229,829	.60	
	General Contractor Info	rmation					
Mattamy Homes LLC			9192333	3886			
Building Contractor's Company Name			Telepho	ne			
11000 Regency Pkwy Cary, NC 27518 Address			_Raleigh_PlanReview@mattamycorp.com Email Address				
49775	HEATED SQ FT 2567	GARAG	E SQ FT	421			
License #			_				
Description of Work _	Electrical Contractor Info Wiring Service			T-Pole:	<u>yes</u> Yes_	_No	
Ideal Electric		734-	927-7440)			
Electrical Contractor's	Company Name		Telepho	ne			
					lec.com_		
Address			Email A	ddress			
27098	<u> </u>						
License #	Mechanical/HVAC Contractor	r Inform	ation				
Description of Work	HVAC System		<u></u>				
A. Maynor Heating & Air Conditioning Inc.			91968324				
Mechanical Contractor's Company Name			Telepho				
1094 Classic Road Apex, NC 27539			. 0.001.10				
Address			Email A	ddress			
35139							
License #							
	Plumbing Contractor Info						
Description of Work _	Plumbing		_# Baths_		2.5		
		919533	34455				
Plumbing Contractor's Company Name			Telepho	ne			
PO Box 934 Clayton, NC 27528				-			
Address			Email A	aaress			
L27132 License #	<u> </u>						
LIGHISG #	Insulation Contractor Info	ormatio	<u>n</u>				
Live Green Inc. 5	5001 Old Poole Rd Raleigh, NC 27610		- 919453	36411			
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 fee is \$150.00. After 2 years re-issue fee					
is as per current fee schedule.					
Signature of Owner/Contractor/Officer(s) of Corporation 11/7/2022 Date					
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 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 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 prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.					
Sign w/Title:Date:					