

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	3/22/2022		
Site Address:	Kingsford Lane, Fuquay Varina NC 27526		Phone 9	9192333886	
Subdivision: Provi	dence Creek		_ Lot	63	
Description of Propos	ed Work: Single Family Dwelling		_Total Job Cos	st\$ <u>183,164.80</u>	
	<b>General Contractor Info</b>	rmation	<u>.</u>		
Mattamy Homes LLC			9192333886		
Building Contractor's Company Name			Telephone		
11000 Regency Pkwy Cary, NC 27518			_Raleigh_PlanReview@mattamycorp.com		
Address			Email Addres	S	
49775	HEATED SQ FT 1882	GARAG	E SQ FT42	<u>25</u>	
License #	Electrical Contractor Info	ormatio	n		
Description of Work _	Wiring Servic			ole: <u>yes</u> Yes <u>N</u> o	
Ideal Electric		734-	927-7440		
Electrical Contractor's	Company Name		Telephone		
		<u>collee</u>	colleen.heinrich@idealelec.com		
Address			Email Addres	S	
27098	<u></u>				
License #	Mechanical/HVAC Contractor	r Inform	ation		
Description of Work	HVAC System				
·	g & Air Conditioning Inc.		9196832421		
Mechanical Contractor's Company Name			Telephone		
1094 Classic Road Apex, NC 27539					
Address			Email Addres	ss	
35139					
License #					
	Plumbing Contractor Info		<del></del>		
Description of Work _	Plumbing		_# Baths <u>2</u>		
		919533	195334455		
Plumbing Contractor's Company Name			Telephone		
PO Box 934 Clayton, NC 27528 Address			Email Addres		
			Liliali Addres		
L27132 License #	<del></del>				
	<b>Insulation Contractor Info</b>	<u>ormatio</u>	<u>n</u>		
	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.

<b>EXPIRED PERMIT FEES</b> - 6 Months to 2 years permit re-issue is as per current fee schedule.	e fee is \$150.00. After 2 years re-issue fee
Signature of Owner/Contractor/Officer(s) of Corporation	3/22/2022
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Compens	sation N.C.G.S. 87-14
The undersigned applicant being the:	
General Contractor Owner Offic	er/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s set forth in the permit:	s), firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained wor	
Has one (1) or more subcontractors(s) and has obtained them.	d workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has their ow covering themselves.	vn policy of workers' compensation insurance
Has no more than two (2) employees and no subcontra	ctors.
While working on the project for which this permit is sought it is Department issuing the permit may require certificates of cove to issuance of the permit and at any time during the permitted carrying out the work.	rage of worker's compensation insurance prior
Sign w/Title:	Date: