

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 _	5/9/2023			
Site Address: Windswept Way, Fuquay Varina NC 27526	6	_Phone	9192333	886	
Subdivision: Providence Creek		Lot	26	<u> </u>	
Description of Proposed Work: Single Family Dwelling		_ Total Jo	b Cost	\$198,088	.80
General Contractor Info	rmation				
Mattamy Homes LLC		9192333	886		
Building Contractor's Company Name	Telephone				
11000 Regency Pkwy Cary, NC 27518 Address	_Ralei	igh_PlanF Email Ad		nattamyco	rp.com
49775 HEATED SQ FT 2007	GARAGI	E SQ FT	<u>446</u>		
License #					
Description of Work Wiring Electrical Contractor Inf			T-Pole	ves Yes	No
Mari Electric			1 1 010.		_110
Electrical Contractor's Company Name	<u> </u>	Telephor			
2436 South Miami Blvd Durham, NC 27703	colleen	n.heinrich(@idealele	c.com	
Address		Email Ad			
27098					
License # Mechanical/HVAC Contracto	r Informs	ation			
Description of Work HVAC System					
			<u>21</u>		
Mechanical Contractor's Company Name		Telephor	ie		
1094 Classic Road Apex, NC 27539 Address		Email Ad	ldress		
35139		Linaii Ad	urc33		
License #					
Plumbing Contractor Inf	ormation	<u>1</u>			
Description of Work Plumbing		_# Baths <u>2</u>	2		
Barbour & Pourron Plumbing Inc	919533				
Plumbing Contractor's Company Name		Telephor	ne		
PO Box 934 Clayton, NC 27528			l.l		
Address		Email Ad	aress		
<u>L27132</u> License #					
Insulation Contractor Inf	ormation	<u>1</u>			
Live Green Inc. 5001 Old Poole Rd Raleigh, NC 27610	_	919453	6411		
Insulation Contractor's Company Name & Address		Telephor	ne	_	



*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.

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changes, I certify it is my responsibility to notify the Har any and all changes.	nett County Central Permitting Department of
EXPIRED PERMIT FEES - 6 Months to 2 years permit re	e-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	5/9/2023
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Com	pensation 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 per set forth in the permit:	son(s), firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtaine	·
Has one (1) or more subcontractors(s) and has obthem.	otained workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has the covering themselves.	eir own policy of workers' compensation insurance
Has no more than two (2) employees and no subc	contractors.
While working on the project for which this permit is soug Department issuing the permit may require certificates of to issuance of the permit and at any time during the perm carrying out the work.	coverage of worker's compensation insurance prio
Sign w/Title:	Date:
·	