

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	5/23/2023	3	
Site Address: 70 Cottonseed Lane, Fuquay Varina NC 27	<u>526</u> Ph	one <u>91</u>	92333886	
Subdivision: Providence Creek	Lo	ot	20	
Description of Proposed Work: Single Family Dwelling	To	tal Job C	ost <u>\$188,697.60</u>	
General Contractor Info	<u>rmation</u>			
Mattamy Homes LLC	9192333886			
Building Contractor's Company Name	Telephone			
11000 Regency Pkwy Cary, NC 27518	_Raleigh_PlanReview@mattamycorp.com			
Address	Em	nail Addre	SS	
49775 HEATED SQ FT1882	GARAGE S	Q FT	<u> 125 </u>	
License # Electrical Contractor Info	rmation			
Description of Work Wiring Service		mps T-l	Pole: <u>yes</u> Yes <u>N</u> o	
Ideal Electric	734-927	-7440		
Electrical Contractor's Company Name	Tel	Telephone		
2436 South Miami Blvd Durham, NC 27703	colleen.heinrich@idealelec.com			
Address	Email Address			
27098				
License #				
Mechanical/HVAC Contractor				
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 # Plumbing Contractor Info	ormation			
		otho	2	
Description of Work Plumbing			2	
Barbour & Pourron Plumbing Inc Plumbing Contractor's Company Name	9195334455 Telephone			
	16	epriorie		
PO Box 934 Clayton, NC 27528 Address	Email Address			
		idii 7 taare	00	
<u>L27132</u> License #				
Insulation Contractor Information				
Live Green Inc. 5001 Old Poole Rd Raleigh, NC 27610	91	19453641	1	
Insulation Contractor's Company Name & Address		lephone		



*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-issu	ue fee is \$150.00. After 2 years re-issue fee
is as per current fee schedule.	
Signature of Owner/Contractor/Officer(s) of Corporation	5/23/2023
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Compen	sation N.C.G.S. 87-14
The undersigned applicant being the:	
General Contractor Owner Offi	cer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(set forth in the permit:	s), firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained wo	orkers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtained them.	ed workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has their o covering themselves.	wn policy of workers' compensation insurance
Has no more than two (2) employees and no subcontra	actors.
While working on the project for which this permit is sought it 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.	erage of worker's compensation insurance prior
Sign w/Title:	Date: