

Application # _____

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

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: <u>Mattamy Homes LLC</u>	Date6/1/2023
Site Address:317 Windswept Way, Fuquay Varina NC	27526 Phone <u>9192333886</u>
Subdivision: <u>Providence Creek</u>	Lot41
Description of Proposed Work: Single Family Dwelli	ng Total Job Cost <u>\$220,802.40</u>
General Contractor Ir	nformation
Mattamy Homes LLC	9192333886
Building Contractor's Company Name	Telephone
<u>11000 Regency Pkwy Cary, NC 27518</u> Address	_Raleigh_PlanReview@mattamycorp.com Email Address
49775 HEATED SQ FT 2459	GARAGE SQ FT 458
License #	
Electrical Contractor I Description of Work <u>Wiring</u> Ser	
Ideal Electric Electrical Contractor's Company Name	Telephone
2436 South Miami Blvd Durham, NC 27703	colleen.heinrich@idealelec.com
Address	Email Address
27098	
License #	stor Information
Mechanical/HVAC Contrac	
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	Email Address
<u>35139</u> License #	
35139 License # Plumbing Contractor I	Information
<u>35139</u> License # Description of Work <u>Plumbing</u>	Information # Baths2
35139 License # Plumbing Contractor I	Information
35139 License # Plumbing Contractor I Description of Work Plumbing Barbour & Pourron Plumbing Inc Plumbing Contractor's Company Name	Information # Baths 2 9195334455
<u>35139</u> License # Plumbing Contractor I Description of Work Plumbing Barbour & Pourron Plumbing Inc	Information # Baths 2 9195334455
35139 License # Plumbing Contractor I Description of Work Plumbing Barbour & Pourron Plumbing Inc Plumbing Contractor's Company Name PO Box 934 Clayton, NC 27528	Information # Baths <u>2</u> 9195334455 Telephone
35139 License # Description of Work Plumbing Barbour & Pourron Plumbing Inc Plumbing Contractor's Company Name PO Box 934 Clayton, NC 27528 Address L27132 License #	Information # Baths 2 9195334455 Telephone Email Address
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35139 License # Description of Work Plumbing Barbour & Pourron Plumbing Inc Plumbing Contractor's Company Name PO Box 934 Clayton, NC 27528 Address L27132 License #	Information # Baths 2 9195334455 Telephone Email Address



*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.

Anden Brot

Signature of Owner/Contractor/Officer(s) of Corporation

6/1/2023

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: