

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 <u>8/24/2023</u>	
Site Address: 260 Davinhall Drive, Fuquay Varina NC 27	<u> 526 Phone 9192333886</u>	
Subdivision: Providence Creek	Lot14	
Description of Proposed Work: Single Family Dwelling	Total Job Cost <u>\$235,799.20</u>	
General Contractor Info	<u>ormation</u>	
Mattamy Homes LLC	9192333886	
Building Contractor's Company Name	Telephone	
11000 Regency Pkwy Cary, NC 27518	_Raleigh_PlanReview@mattamycorp.com	
Address	Email Address	
49775 HEATED SQ FT2567 License #	GARAGE SQ FT 421	
Electrical Contractor Inf	ormation	
Description of Work Wiring Service	ce Size:Amps T-Pole: <u>yes</u> YesNo	
Ideal Electric	734-927-7440	
Electrical Contractor's Company Name	Telephone	
2436 South Miami Blvd Durham, NC 27703	colleen.heinrich@idealelec.com	
Address	Email Address	
27098		
License # Mechanical/HVAC Contractor	r Information	
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	
<u>35139</u>		
License # Plumbing Contractor Information		
Description of Work Plumbing		
	9195334455	
Plumbing Contractor's Company Name	Telephone	
PO Box 934 Clayton, NC 27528		
Address	Email Address	
L27132		
License #		
Insulation Contractor Inf		
<u>Live Green Inc.</u> 5001 Old Poole Rd Raleigh, NC 27610 Insulation Contractor's Company Name & Address	9194536411 Telephone	
medianen cominación o company númic a naciono	10100110110	



*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 is as per current fee schedule.	<u>fee</u>
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
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The undersigned applicant being the:	
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 set forth in the permit:	e work
Has three (3) or more employees and has obtained workers' compensation insurance to cover	
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to c them.	over
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insu covering themselves.	rance
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 to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.	ce prior
Sign w/Title: Date:	