

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	Date10/12/2023
Site Address: 238 Windswept Way, Fuquay Varina No	C 27526 Phone 9192333886
Subdivision: Providence Creek	Lot24
Description of Proposed Work: Single Family Dwell	ing Total Job Cost \$287,414.40
General Contractor I	<u>nformation</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 FT3185 License #	GARAGE SQ FT 501
Electrical Contractor	Information
Description of Work Wiring Se	
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 Contra	ctor Information
Description of Work HVAC System	
A. Maynor Heating & Air Conditioning Inc.	9196832421
Mechanical Contractor's Company Name	Telephone
	relephone
1094 Classic Road Apex, NC 27539 Address	Email Address
35139	Lindii / Iddi ooc
License #	
Plumbing Contractor	<u>Information</u>
Description of Work Plumbing	# Baths
Barbour & Pourron Plumbing Inc	9195334455
Plumbing Contractor's Company Name	Telephone
PO Box 934 Clayton, NC 27528	
Address	Email Address
27132	
License # Insulation Contractor	Information
Live Green Inc. 5001 Old Poole Rd Raleigh, NC 27610 Insulation Contractor's Company Name & Address	<u>9194536411</u> 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.

any and all changes. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issu	e fee is \$150.00. After 2 vears re-issue fee	
is as per current fee schedule.	, , , , , , , , , , , , , , , , , , ,	
Signature of Owner/Contractor/Officer(s) of Corporation	10/12/2023 Date	
Affidavit for Worker's Compens	sation N C G S 87-14	
The undersigned applicant being the:	Sullon N. S. S. S. 57 14	
General Contractor Owner Office	cer/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 wo	rkers' 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 subcontra	actors.	
While working on the project for which this permit is sought it in Department issuing the permit may require certificates of cover 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:	