

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>12/22/2023</u>
Site Address: 46 Denali Drive, Angier NC 27501	Phone <u>9192333886</u>
Subdivision: Riverfall	Lot
Description of Proposed Work: Single Family Dwellin	g Total Job Cost <u>\$268,777.60</u>
General Contractor Inf	<u>formation</u>
Mattamy Homes LLC	9192333886
Building Contractor's Company Name	Telephone
11000 Regency Pkwy Cary, NC 27518 Address	_Raleigh_PlanReview@mattamycorp.com Email Address
49775 HEATED SQ FT2821	GARAGE SQ FT 709
License #	•
Description of Work Wiring Electrical Contractor In	
lala al Ela atria	
Electrical Contractor's Company Name	Telephone
2436 South Miami Blvd Durham, NC 27703	colleen.heinrich@idealelec.com
Address	Email Address
27098	
License #	
Mechanical/HVAC Contract	
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 In	formation
Description of Work Plumbing	<del></del>
Barbour & Pourron Plumbing Inc Plumbing Contractor's Company Name	9195334455 Telephone
	releptione
PO Box 934 Clayton, NC 27528 Address	Email Address
27132	
License #	
Insulation Contractor In	<u>nformation</u>
Live Green Inc. 5001 Old Poole Rd Raleigh, NC 27610	9194536411
Insulation Contractor's Company Name & Address	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.

changes, I certify it is my responsibility to notify t	the Harnett County Central Permitting Department of
any and all changes. <b>EXPIRED PERMIT FEES</b> - 6 Months to 2 years p	ermit re-issue fee is \$150.00. After 2 years re-issue fee
is as per current fee schedule.	
Signature of Owner/Contractor/Officer(s) of Corpo	12/22/2023
Signature of Owner/Contractor/Officer(s) of Corpo	pration Date
Affidavit for Worker's	Compensation N.C.G.S. 87-14
The undersigned applicant being the:	P
Conoral Contractor Owner	Officer/Agent of the Contractor or Owner
General Contractor Owner _	Officer/Agent of the Contractor of Owner
Do hereby confirm under penalties of perjury that set forth in the permit:	the person(s), firm(s) or corporation(s) performing the work
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 covering themselves.	o has their own policy of workers' compensation insurance
Has no more than two (2) employees and r	no subcontractors.
Department issuing the permit may require certific	is sought it is understood that the Central Permitting cates of coverage of worker's compensation insurance prior ne permitted work from any person, firm or corporation
Sign w/Title:	Date: