

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 _	1/12/	2024		
Site Address: 234 Davinhall Drive, Fuquay Varina NC 275	526	_ Phone	919233	33886	
Subdivision: Providence Creek		_Lot		16	
Description of Proposed Work: Single Family Dwelling		_Total Jo	ob Cost_	\$198,088.80	1
General Contractor Infor	<u>mation</u>				
Mattamy Homes LLC		9192333	3886		_
Building Contractor's Company Name		Telepho	ne		
11000 Regency Pkwy Cary, NC 27518	_Ralei		_	mattamycorp.c	om
Address		Email A			
49775 HEATED SQ FT2007 (	GARAGI	E SQ FT	446	<del></del>	
Electrical Contractor Info	rmation	1			
Description of Work Wiring Service			T-Pole:	<u>yes</u> YesNo	5
Ideal Electric	734-9	927-7440	)		
Electrical Contractor's Company Name		Telepho	ne		
	colleen			lec.com_	_
Address		Email A	ddress		
27098					
License #  Mechanical/HVAC Contractor	Informa	ation			
Description of Work HVAC System		<u></u>			
			121		
Mechanical Contractor's Company Name		Telepho	ne		
1094 Classic Road Apex, NC 27539 Address		Email A	ddraaa		
		Email A	uuress		
35139 License #					
Plumbing Contractor Info	rmation	<u>ı</u>			
Description of Work Plumbing		_ _# Baths <sub>.</sub>		2	
Barbour & Pourron Plumbing Inc	919533	4455			
Plumbing Contractor's Company Name		Telepho			
PO Box 934 Clayton, NC 27528					
Address		Email A	ddress		
27132					
License #  Insulation Contractor Info	rmatic				
	matioi	_	00444		
<u>Live Green Inc.</u> 5001 Old Poole Rd Raleigh, NC 27610 Insulation Contractor's Company Name & Address	_	919453 Telepho			



## \*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.

number of bedrooms, building and trade plans, Enviro changes, I certify it is my responsibility to notify the H	
any and all changes.	rament County Central Fermitting Department of
<b>EXPIRED PERMIT FEES</b> - 6 Months to 2 years permit	t 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 Corporation	1/12/2024
Signature of Owner/Contractor/Officer(s) of Corporatio	n Date
Affidavit for Worker's Co	mpensation 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 paset forth in the permit:	person(s), firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtain	ined workers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has them.	obtained workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has covering themselves.	their own policy of workers' compensation insurance
Has no more than two (2) employees and no su	ubcontractors.
While working on the project for which this permit is so Department issuing the permit may require certificates to issuance of the permit and at any time during the pecarrying out the work.	of coverage of worker's compensation insurance prior
Sign w/Title:	Date: