

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: 24	46 Denali Drive, Fuquay Varina NC 27526		_Phone <u>9192</u>	2333886
Subdivision: Riverfa	all	_Lot	29	
Description of Propose	d Work: Single Family Dwelling		_ Total Job Cos	st <u>\$252,252.00</u>
	<b>General Contractor Infor</b>	mation		
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 FT 2821	GARAG	E SQ FT 48	
License #	TEMES OG 11 ZOZI	57 ti (7 tO	<u> </u>	<u></u>
Description of Work	<u>Electrical Contractor Info</u> <u>Wiring</u> Service			do: vos Vos No
Ideal Electric Electrical Contractor's	Company Name	/34-	927-7440 Telephone	
		colleer	·	alelec com
Address		colleen.heinrich@idealelec.com Email Address		
27098	_			
License #				
	Mechanical/HVAC Contractor			
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	3
35139 License #	<u> </u>			
License #	Plumbing Contractor Info	rmatio	n	
Description of Work	Plumbing		_	3
Plumbing Contractor's Company Name		0.0000	Telephone	
PO Box 934 Clay	ton, NC 27528			<u></u>
Address			Email Address	3
27132	_			
License #	Insulation Contractor Info	rmatio	n	
Live Green Inc. 50	<u>-                                    </u>		9194536411	
<u>Live Green Inc.</u> 5001 Old Poole Rd Raleigh, NC 27610 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.

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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: