

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 _	1/18/2024			
Site Address: 239 Windswept Way, Fuquay Varina NC 27		27526	_ Phone	919233	3886	
Subdivision: Provid	ence Creek		_ Lot	4	7	
Description of Propose	ed Work: Single Family Dwellin	ng	_ Total Jo	b Cost _	\$229,829	9.60
	General Contractor In	formation				
Mattamy Homes LLC			9192333	3886		
Building Contractor's Company Name			Telephone			
11000 Regency Pkwy Cary, NC 27518 Address			_Raleigh_PlanReview@mattamycorp.com Email Address			
49775	HEATED SQ FT 2567	GARAG	E SQ FT	421		
License #			_			
Description of Work	<u>Electrical Contractor I</u> <u>Wiring</u> Ser			T-Pole:	yes Yes	No
Ideal Electric				)		_
Electrical Contractor's	Company Name		Telepho			
2436 South Miami B	slvd Durham, NC 27703	colleer	n.heinrich	@idealele	ec.com	
Address			Email Address			
27098	<u></u>					
License #	Mechanical/HVAC Contrac	tor Inform	otion			
Decement on a f Manda	<u> </u>					
·	HVAC System					
				121		
Mechanical Contractor's Company Name			Telepho	ne		
	pad Apex, NC 27539					
Address			Email A	ddress		
35139 License #	<u> </u>					
Licerise #	Plumbing Contractor I	nformation	า			
Description of Work	Plumbing		<del></del>	2	.5	
Barbour & Pourr	-	919533				
Plumbing Contractor's Company Name		010000	Telepho	ne		
PO Box 934 Clay	rton, NC 27528					
Address			Email Address			
27132	<u></u>					
License #	Impulation Control to a	m.f.a. uw= =4! - :	_			
	Insulation Contractor	mormatioi				
Live Green Inc. 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.

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<b>EXPIRED PERMIT FEES</b> - 6 Months to 2 years permit re-is is as per current fee schedule.	sue fee is \$150.00. After 2 years re-issue fee
is as per current lee schedule.	
Andrew Brothe	1/10/2024
Signature of Owner/Contractor/Officer(s) of Corporation	 Date
Affidavit for Worker's Compe	nsation N.C.G.S. 87-14
The undersigned applicant being the:	
General Contractor Owner O	fficer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the perso set forth in the permit:	n(s), firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained v	vorkers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtain them.	ned workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has their covering themselves.	own policy of workers' compensation insurance
Has no more than two (2) employees and no subcon	tractors.
While working on the project for which this permit is sought Department issuing the permit may require certificates of co to issuance of the permit and at any time during the permitted carrying out the work.	verage of worker's compensation insurance prior
Sign w/Title:	Date: