



Application # \_\_\_\_\_

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

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Mattamy Homes LLC Date 1/18/2024  
Site Address: 251 Windswept Way, Fuquay Varina NC 27526 Phone 9192333886  
Subdivision: Providence Creek Lot 46  
Description of Proposed Work: Single Family Dwelling Total Job Cost \$212,867.20

**General Contractor Information**

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 FT** 2324 **GARAGE SQ FT** 434  
License #

**Electrical Contractor Information**

Description of Work Wiring Service Size:      Amps T-Pole: yes Yes      No  
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 Contractor Information**

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 Information**

Description of Work Plumbing # Baths 2.5  
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 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.

**EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.**

*Andrew Barby*

Signature of Owner/Contractor/Officer(s) of Corporation

1/18/2024

Date

**Affidavit for Worker's Compensation 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 person(s), firm(s) or corporation(s) performing the work set forth in the permit:

\_\_\_\_\_ 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 has their own policy of workers' compensation insurance covering themselves.

\_\_\_\_\_ Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title: \_\_\_\_\_ Date: \_\_\_\_\_