

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 _	4/17/	2024		
Site Address:	213 Providence Creek Drive, Fuquay Varir	na NC 27	′526	Phone	9192333886	
Subdivision: P	rovidence Creek		_Lot		9	
Description of Pro	posed Work: Single Family Dwelling		_Total J	ob Cost	\$235,799.20	
	General Contractor Info	<u>rmation</u>				
Mattamy Homes LLC			9192333886			
Building Contractor's Company Name			Telephone			
11000 Regen	_Ralei	_Raleigh_PlanReview@mattamycorp.com				
Address			Email A	ddress		
49775	HEATED SQ FT 2567	GARAGI	E SQ FT	421		
License #	Electrical Contractor Info	ormation	1			
Description of Wo	ork Wiring Service			T-Pole	: <u>yes</u> YesNo	
Ideal Electric	;	734-9	927-7440)		
Electrical Contrac	tor's Company Name		Telepho	ne		
2436 South Mia	ami Blvd Durham, NC 27703	colleen	n.heinrich	n@ideale	elec.com	
Address			Email A	ddress		
27098						
License #	Mechanical/HVAC Contractor	r Inform:	ation			
Description of Wa	•					
•	rk HVAC System					
A. Maynor Heating & Air Conditioning Inc.			9196832421			
Mechanical Contractor's Company Name			Telepho	one		
1094 Class			1.1	-		
Address			Email A	aaress		
35139 License #						
Licerise #	Plumbing Contractor Info	ormation	1			
Description of Wo	orkPlumbing		_		2.5	
•	<u>-</u>	919533	_			
Plumbing Contractor's Company Name			Telepho			
PO Box 934	Clayton, NC 27528				_	
Address			Email Address			
27132						
License #	Insulation Contractor Info	ormatics	•			
Line One en la		<u>ormatioi</u>		20444		
Live Green Inc. 5001 Old Poole Rd Raleigh, NC 27610 Insulation Contractor's Company Name & Address			9194536411 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.

number of bedrooms, building and trade plans, Environment					
changes, I certify it is my responsibility to notify the Har	nett County Central Permitting Department of				
any and all changes.	. i f i- #450.00. After 0 i f				
EXPIRED PERMIT FEES - 6 Months to 2 years permit re is as per current fee schedule.	e-issue fee is \$150.00. After 2 years re-issue fee				
is as per current lee scriedule.					
A					
Signature of Owner/Contractor/Officer(s) of Corporation	4/17/2024				
Signature of Owner/Contractor/Officer(s) of Corporation	Date				
Affidavit for Worker's Com	pensation N.C.G.S. 87-14				
The undersigned applicant being the:					
General Contractor Owner	Officer/Agent of the Centractor or Owner				
General Contractor Owner	Officer/Agent of the Contractor of Owner				
Do hereby confirm under penalties of perjury that the per	son(s), firm(s) or corporation(s) performing the work				
set forth in the permit:	(-),(-)(-)				
·					
Has three (3) or more employees and has obtaine	d workers' compensation insurance to cover them.				
11	A.S. Alexandrea I. Communication for the communication of the communicat				
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.					
tien.					
Has one (1) or more subcontractors(s) who has th	eir own policy of workers' compensation insurance				
covering themselves.					
Ç					
Has no more than two (2) employees and no subcontractors.					
While working on the project for which this permit is sough					
Department issuing the permit may require certificates of to issuance of the permit and at any time during the perm					
carrying out the work.	inted work from any person, firm or corporation				
carrying out the work.					
Sign w/Title:	Date:				