

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	_ Date4/17/2024
Site Address: 18 Bering Circle, Angier NC 27501	Phone <u>9192333886</u>
Subdivision: Riverfall	_Lot14
Description of Proposed Work: Single Family Dwelling	Total Job Cost <u>\$304,449.60</u>
General Contractor Infor	mation_
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 3185	GARAGE SQ FT 735
License # Electrical Contractor Info	rmation
Description of Work Wiring Service	
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 #	Information
Mechanical/HVAC Contractor	
Description of WorkHVAC 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 Info	rmation
Description of Work Plumbing	
Barbour & Pourron Plumbing Inc Plumbing Contractor's Company Name	9195334455 Telephone
	Telephone
PO Box 934 Clayton, NC 27528 Address	Email Address
27132	Email / Nacioss
License #	
Insulation Contractor Info	<u>ormation</u>
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.

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 Compensation 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 obtained workers' compensation insurance to cover them.		
11	A.S. Alamada and A.	
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.		
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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 perm		
carrying out the work.	inted work from any person, firm or corporation	
carrying out the work.		
Sign w/Title:	Date:	