

		Application #	
	Harnett County Central 420 McKinney Pkwy Lillingto	Permitting n. NC 27546	
t be owner/occupier or ed contractor. Address,	PO Box 65 Lillington, No 910-893-7525 ext. 1 Fax 910-893-2793	5 Lillington, NC 27546	
any name & phone must i information on license.	910-095-7525 ext. 1 Fax 910-095-2795	www.namett.org/permits	
	Application for Residential Building	ng and Trades Permit	
	]		
Owner's Name:	Mattamy Homes LLC	Date6/4/2024	
Site Address: 8	1 Providence Creek Drive, Fuquay Var	na NC 27526 Phone <u>9192333886</u>	
Subdivision: Provid	lence Creek	Lot1	
Description of Proposed Work: <u>Single Family Dwelling</u>		g Total Job Cost <u>\$235,799.20</u>	
	<u>General Contractor In</u>	formation	
Mattamy Homes	LLC	9192333886	
Building Contractor's Company Name		Telephone	
11000 Regency Pkwy Cary, NC 27518		_Raleigh_PlanReview@mattamycorp.com	
Address		Email Address	
<u>49775</u>	HEATED SQ FT 2567	GARAGE SQ FT 421	
License #	Electrical Contractor Ir	nformation	
Description of Work		rice Size:Amps   T-Pole: <u>_yes</u> YesNo	
Ideal Electric		734-927-7440	
Electrical Contractor's	Company Name	Telephone	
	Blvd Durham, NC 27703	<u>colleen.heinrich@idealelec.com</u>	
Address		Email Address	
<u>27098</u> License #			
	Mechanical/HVAC Contract	tor Information	
Description of Work	HVAC System		
A. Maynor Heating & Air Conditioning Inc.		9196832421	
Mechanical Contractor's Company Name		Telephone	
	oad Apex, NC 27539		
Address		Email Address	
35139			
License #	—		
	Plumbing Contractor I	nformation	
Description of Work _	Plumbing	# Baths2.5	
Barbour & Pourron Plumbing Inc		9195334455	
Plumbing Contractor's Company Name		Telephone	
PO Box 934 Clayton, NC 27528		Email Address	
<u>27132</u> License #			
	Insulation Contractor In	nformation	
Live Green Inc. 5	001 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.

Ander Broch

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

6/4/2024

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: