

			Application #	
* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.	Harnett County Central 420 McKinney Pkwy Lillingto PO Box 65 Lillington, N 910-893-7525 ext. 1 Fax 910-893-2793	on, NC 27546 C 27546 www.harnett	t.org/permits	
	Application for Residential Buildi	ng and Tra	<u>ades Permit</u>	
Owner's Name:	Mattamy Homes LLC	Date	6/11/2024	
Site Address: 79 Bering Circle, Angier, NC 27501			_ Phone <u>919233</u>	3886
Subdivision: <u>Riverfall</u>		Lot	8	
Description of Proposed Work: <u>Single Family Dwellir</u>		ng	_ Total Job Cost _	<u>\$236,163.20</u>
	General Contractor In	formation		
<u>Mattamy Home</u> Building Contractor's	<u>Mattamy Homes LLC</u> Building Contractor's Company Name			
<u>11000 Regency Pkwy Cary, NC 27518</u> Address			igh_PlanReview@ Email Address	mattamycorp.com
49775	HEATED SQ FT 2339	GARAG	E SQ FT 669	
License #	Electrical Contractor I	oformatio		
Description of Work _	Serv	vice Size: _	Amps T-Pole:	<u>yes</u> Yes <u>No</u>
Ideal Electric Inc.			9277440	
Electrical Contractor's Company Name			Telephone	
	Blvd, Durham, NC 27703			
Address	Email Address			
<u>27098</u> License #				
	Mechanical/HVAC Contrac	<u>tor Inform</u>	<u>ation</u>	
Description of Work				
A. Maynor Heating & Air Conditioning Inc.		9196832421		
Mechanical Contractor's Company Name			Telephone	
1094 Classic Road Apex, NC 27539				
Address		Email Address		
12309				
License #	Plumbing Contractor I	nformatio	n	
Description of Work	<u> </u>			,
. –	•		9195334455	
Plumbing Contractor's Company Name		Telephone		
PO Box 934 Clayton, NC 27528				
Address			Email Address	
27132				
License #	Insulation Contractor I	nformatio	n	
Live Green Inc. 5001 old Poole Rd Raleigh, NC 27610			<u></u> 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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> 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.

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

6/11/2024

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: