

			Application #		
ust be owner/occupier or nsed contractor. Address, npany name & phone must tch information on license.	Harnett County Central 420 McKinney Pkwy Lillingtor PO Box 65 Lillington, NC 910-893-7525 ext. 1 Fax 910-893-2793	n, NC 27546 C 27546	org/permits		
	Application for Residential Buildin	ng and Tra	<u>des Permit</u>		
Owner's Name:	Mattamy Homes LLC	Date	7/24/2024		
Site Address: 225 Bering Circle, Angier, NC 27501			Phone	9192333886	
Subdivision: <u>Riverfall</u>		Lot	13		
Description of Proposed Work: Single Family Dwell		g	Total Job Cost	<u>\$260,187.20</u>	
	General Contractor In	formation	-		
Mattamy Homes LLC		9192333886			
Building Contractor's		Telephone			
<u>11000 Regency</u> Address		gh_PlanReview@ Email Address	mattamycorp.com		
49775	HEATED SQ FT 2962	GARAGE	SQ FT <u>437</u>		
License #	Electrical Contractor In	formation			
Description of Work	Serv	ice Size: _	_Amps T-Pole	: <u>yes</u> Yes <u>N</u> o	
Ideal Electric Inc.					
Electrical Contractor's Company Name			Telephone		
<u>2436 South Miami Blvd, Durham, NC 27703</u> Address			 Email Address		
27098					
License #					
	Mechanical/HVAC Contract				
Description of Work					
<u>A. Maynor Heatir</u>	9196832421				
Mechanical Contract		Telephone			
1094 Classic Road Apex, NC 27539		Email Address			
Address	Email Address				
<u> </u>					
	Plumbing Contractor Ir	nformation			
Description of Work	Description of Work		# Baths2.5		
	Barbour & Pourron Plumbing Inc		9195334455		
Plumbing Contractor's Company Name			Telephone		
PO Box 934 Clayton, NC 27528 Address		Email Address			
<u>27132</u> License #					
	Insulation Contractor Ir	nformation	<u>l</u>		
	Live Green Inc. 5001 old Poole Rd Raleigh, NC 27610				
Insulation Contractor	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

7/24/2024

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: