

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 _	9/19/2024	
Site Address: 224 Bering Circle, Angier, NC 27501		Phone	9192333886
Subdivision: Riverfall	_ Lot	19	
Description of Proposed Work: Single Family Dwelling		_ Total Job Cost	\$267,321.60
General Contractor Info	rmation		
Mattamy Homes LLC		9192333886	
Building Contractor's Company Name		Telephone	
11000 Regency Pkwy Cary, NC 27518 Address	_Rale	igh_PlanReview Email Address	@mattamycorp.com
49775 HEATED SQ FT 2809	GARAG	E SQ FT 709	
License #		_	
Description of Work Service	ormatior e Size:	<u>1</u> Amps T-Pole	e: yes Yes No
Ideal Electric Inc.		' 277440	
Electrical Contractor's Company Name		Telephone	
2436 South Miami Blvd, Durham, NC 27703		_	_
Address		Email Address	
27098			
License # Mechanical/HVAC Contracto	r Inform	ation	
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	_
		Elliali Address	
12309 License #			
Plumbing Contractor Inf	ormation	<u>1</u>	
Description of Work		_# Baths	4
Barbour & Pourron Plumbing Inc	919533	4455	
Plumbing Contractor's Company Name		Telephone	
PO Box 934 Clayton, NC 27528			_
Address		Email Address	
27132			
License # Insulation Contractor Inf	ormatio	n	
	Jimatio	_	
<u>Live Green Inc.</u> 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.

Anchar Broth &	9/19/2024
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Comp The undersigned applicant being the:	pensation N.C.G.S. 87-14
General Contractor Owner	Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the pers set forth in the permit:	con(s), firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained	d workers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obt	ained workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has the covering themselves.	eir own policy of workers' compensation insurance
Has no more than two (2) employees and no subco	ontractors.
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 permi carrying out the work.	coverage of worker's compensation insurance prio
Sign w/Title:	Date: