

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 _	2/6/2025	
Site Address: 75	Stuart Grove Road, Broadway NC 2	7505	Phone	9192333886
	ield Farm			
Description of Propose	ed Work: <u>Single Family Dwelling Mo</u>	del Home	_ Total Job Cost _	\$201,000.80
	General Contractor	Information		
Mattamy Homes LLC			9192333886	
Building Contractor's Company Name			Telephone	
11000 Regency Pkwy Cary, NC 27518			gh_PlanReview@	mattamycorp.com
Address			Email Address	
49775 License #	HEATED SQ FT 2100	GARAG	E SQ FT460_	·
License #	Electrical Contracto	r Information	•	
Description of Work _	S	ervice Size: _	<u>.</u> Amps T-Pole	: <u>yes</u> YesNo
	cal Residential LLC		919-848-4652	
Electrical Contractor's			Telephone	
3006 Industrial Driv	e, Raleigh, NC 27609			
Address			Email Address	
12915	<u> </u>			
License #	Mechanical/HVAC Contr	aatar Inform	ation	
5	<u> </u>		<u></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 #	<u> </u>			
License #	Plumbing Contracto	r Information	1	
Description of Work			- _# Baths	2
			4455	
Barbour & Pourron Plumbing Inc Plumbing Contractor's Company Name		9 19000	Telephone	
PO Box 934 Cla	vton. NC 27528			
Address			Email Address	
27132	<u></u>			
License #			_	
	Insulation Contracto		<u>1</u>	
	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 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.
Signature of Owner/Contractor/Officer(s) of Corporation 2/6/2025 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: