

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 _	2/5/2025	
Site Address: 144 Thomas Store Drive, Broadway NC 27	505	Phone	9192333886
Subdivision: Fox Field Farm	Lot	58	
Description of Proposed Work: Single Family Dwelling Model			
General Contractor Inf	ormation		
Mattamy Homes LLC		9192333886	
Building Contractor's Company Name		Telephone	
11000 Regency Pkwy Cary, NC 27518	_Ralei	gh_PlanReview(	@mattamycorp.com
Address		Email Address	
49775 HEATED SQ FT2100	GARAGE	SQ FT 460	
License #  Electrical Contractor In	formation		
Description of Work Servi			e: <u>yes</u> YesNo
Romanoff Electrical Residential LLC		919-848-4652	2
Electrical Contractor's Company Name		Telephone	
3006 Industrial Drive, Raleigh, NC 27609			_
Address		Email Address	
12915			
License #  Mechanical/HVAC Contract	or Informa	tion	
Description of Work			_
		196832421	
Mechanical Contractor's Company Name		Telephone	
1094 Classic Road Apex, NC 27539			_
Address		Email Address	
12309 License #			
Plumbing Contractor In	formation		
Description of Work		# Baths	2
•	9195334		
Plumbing Contractor's Company Name		Telephone	
PO Box 934 Clayton, NC 27528			
Address		Email Address	-
27132			
License #			
Insulation Contractor In	ntormation		
Live Green Inc. 5001 old Poole Rd Raleigh, NC 27610		9194536411 Tolophone	
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.

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<b>EXPIRED PERMIT FEES</b> - 6 Months to 2 years permit re-iss is as per current fee schedule.	ue fee is \$150.00. After 2 years re-issue fee
is as per current lee scriedule.	
Arkanhanda	0/5/0005
Signature of Owner/Contractor/Officer(s) of Corporation	2/5/2025 Date
Signature of Switch Software (5) of Software (	Balo
Affidavit for Worker's Comper	esation N C G S 87-14
The undersigned applicant being the:	13ation 14.0.3.3. 07-14
Our and Our tractor Our or Our	
General Contractor Owner Off	icer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person set forth in the permit:	(s), firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained we	orkers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtain them.	ed workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has their covering themselves.	own policy of workers' compensation insurance
Has no more than two (2) employees and no subcontr	actors.
While working on the project for which this permit is sought it Department issuing the permit may require certificates of cov to issuance of the permit and at any time during the permitted carrying out the work.	erage of worker's compensation insurance prior
Sign w/Title:	Date: