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			Application #		
	Harnett County Central				
ust be owner/occupier or 420 McKinney Pkwy Lillington, NC 27546 PO Box 65 Lillington, NC 27546					
mpany name & phone must	910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits				
atch information on license.					
	Application for Residential Buildi	ing and Tra	ades Permit		
Owner's Name:	Mattamy Homes LLC	Date _	2/13/2025		
Site Address: 250 Thomas Store Drive, Broadway NC 275		7505	Phone	9192333886	
	Subdivision: Fox Field Farm				
Description of Propos	Description of Proposed Work: <u>_Single Family Dwelling Model I</u>		_ Total Job Cost _	\$251,160.00	
	General Contractor In	formation			
Mattamy Homes LLC			9192333886		
Building Contractor's Company Name			Telephone		
11000 Regency Pkwy Cary, NC 27518				mattamycorp.com	
Address			Email Address		
<u>49775</u> License #	HEATED SQ FT 2567	GARAG	E SQ FT <u>632</u>		
License #	Electrical Contractor I	nformatior	ı		
Description of Work _	Ser	vice Size: _	Amps T-Pole:	<u>yes</u> Yes <u>N</u> o	
Romanoff Electrical Residential LLC			919-848-4652		
Electrical Contractor's Company Name			Telephone		
<u>3006 Industrial Drive, Raleigh, NC 27609</u> Address			 Email Address		
			Email Address		
<u>12915</u> License #					
	Mechanical/HVAC Contrac	tor Inform	<u>ation</u>		
Description of Work					
A. Maynor Heating	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	nformation	<b>.</b>		
Description of Mark			_	0.5	
	Description of Work		_# Baths	2.5	
	Barbour & Pourron Plumbing Inc Plumbing Contractor's Company Name		4455 Telephone		
PO Box 934 Clayton, NC 27528			l'olophono		
Address			Email Address		
27132					
License #		_			
	Insulation Contractor I				
	5001 old Poole Rd Raleigh, NC 27610		<u>9194536411</u>		
Insulation Contractors	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

2/13/2025

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: