

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	_ Date2/18/2025
Site Address: 66 Renshaw Lane, Fuquay Varina NC 275	26 Phone <u>9192333886</u>
Subdivision: Providence Creek	Lot147
Description of Proposed Work: Single Family Dwelling	Total Job Cost <u>\$220,802.40</u>
General Contractor Info	<u>rmation</u>
Mattamy Homes LLC	9192333886
Building Contractor's Company Name	Telephone
11000 Regency Pkwy Cary, NC 27518	_Raleigh_PlanReview@mattamycorp.com
Address	Email Address
	GARAGE SQ FT 458
License # Electrical Contractor Info	ormation
Description of Work Wiring Service	e Size:Amps T-Pole: <u>yes</u> YesNo
Ideal Electric	734-927-7440
Electrical Contractor's Company Name	Telephone
2436 South Miami Blvd Durham, NC 27703	colleen.heinrich@idealelec.com
Address	Email Address
27098	
License #	
Mechanical/HVAC Contractor	<u>r Information</u>
Description of Work HVAC System	
A. Maynor Heating & Air Conditioning Inc.	9196832421
Mechanical Contractor's Company Name	Telephone
1094 Classic Road Apex, NC 27539	
Address	Email Address
35139	
License # Plumbing Contractor Info	ormation
Description of Work Plumbing	
	9195334455
Plumbing Contractor's Company Name	Telephone
PO Box 934 Clayton, NC 27528	English Line
Address	Email Address
27132	
License # Insulation Contractor Info	ormation
Live Green Inc. 5001 Old Poole Rd Raleigh, NC 27610	
Insulation Contractor's Company Name & Address	<u>9194536411</u> 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. 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 wo 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 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 pri to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.	changes, I certify it is my responsibility to notify the Harrany and all changes.	nett County Central Permitting Department of	
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 wo 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 pri to issuance of the permit and at any time during the permitted work from any person, firm or corporation	EXPIRED PERMIT FEES - 6 Months to 2 years permit re	e-issue fee is \$150.00. After 2 years re-issue fee	
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 wo 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 pri to issuance of the permit and at any time during the permitted work from any person, firm or corporation	Andrew Broky	2/18/2025	
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 wo 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 pri to issuance of the permit and at any time during the permitted work from any person, firm or corporation	Signature of Owner/Contractor/Officer(s) of Corporation	Date	
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the wo 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 pri to issuance of the permit and at any time during the permitted work from any person, firm or corporation		pensation N.C.G.S. 87-14	
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 pri to issuance of the permit and at any time during the permitted work from any person, firm or corporation	General Contractor Owner	Officer/Agent of the Contractor or Owner	
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 pri to issuance of the permit and at any time during the permitted work from any person, firm or corporation		son(s), firm(s) or corporation(s) performing the work	
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 pri to issuance of the permit and at any time during the permitted work from any person, firm or corporation	Has three (3) or more employees and has obtained	d workers' compensation insurance to cover them.	
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 pri to issuance of the permit and at any time during the permitted work from any person, firm or corporation			
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 pri to issuance of the permit and at any time during the permitted work from any person, firm or corporation		eir own policy of workers' compensation insurance	
Department issuing the permit may require certificates of coverage of worker's compensation insurance pri to issuance of the permit and at any time during the permitted work from any person, firm or corporation	Has no more than two (2) employees and no subc	ontractors.	
	Department issuing the permit may require certificates of to issuance of the permit and at any time during the permit	coverage of worker's compensation insurance prior	
Sign w/Title: Date:	Sign w/Title:	Date:	