

			Application #		
* Must be owner/occupier or licensed contractor. Address,	420 McKinney F	nty Central Permitting Pkwy Lillington, NC 27546 Lillington, NC 27546			
company name & phone must match information on license.	310-033-7323 Ext. 1 1 8x 3	10-093-2793 www.namen	tiong/permits		
	Application for Residen	tial Building and Tra	<u>ades Permit</u>		
Owner's Name:	Mattamy Homes LLC	Date	2/18/2025		
Site Address: 3	12 Providence Creek Drive,	Fuquay Varina NC 27	7526 Phone	9192333886	
Subdivision: Providence Creek			_ Lot	114	
Description of Proposed Work: Single Family Dwe		nily Dwelling	_ Total Job Cost	\$220,802.40	
	<u>General Cor</u>	ntractor Information	<u>l</u>		
Mattamy Homes		9192333886			
Building Contractor's Company Name			Telephone		
<u> </u>	Rale	_Raleigh_PlanReview@mattamycorp.com Email Address			
<u>49775</u> License #	HEATED SQ FT	<u>2339</u> GARAG	E SQ FT 458		
	Electrical Co	ntractor Informatio	n		
Description of Work	Wiring	Service Size: _	Amps T-Pole	: <u>yes</u> Yes <u>N</u> o	
Ideal Electric	0 N	734-	927-7440		
Electrical Contractor's Company Name			Telephone		
<u>2436 South Miami Blvd Durham, NC 27703</u> Address		colleer	<u>colleen.heinrich@idealelec.com</u> Email Address		
27098			Email Address		
License #	_				
	Mechanical/HVA	C Contractor Inform	ation		
Description of Work	HVAC System				
A. Maynor Heating	A. Maynor Heating & Air Conditioning Inc.		9196832421		
Mechanical Contractor's Company Name			Telephone		
1094 Classic Ro	oad Apex, NC 27539			_	
Address			Email Address		
35139	_				
License #	Plumbing Co	ntractor Informatio	n		
Description of Work				2	
	Barbour & Pourron Plumbing Inc				
Plumbing Contractor's Company Name		010000	Telephone		
PO Box 934 Clayton, NC 27528				_	
Address			Email Address		
27132	_				
License #	Insulation Co	ontractor Informatio	n		
Live Green Inc. 50			9194536411		
<u>Live Green Inc. 5001 Old Poole Rd Raleigh, NC 27610</u> 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.

Andrem Broch

2/18/2025

Signature of Owner/Contractor/Officer(s) of Corporation

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: