



Application # _____

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

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Mattamy Homes LLC Date 4/23/2025

Site Address: 490 Providence Creek Drive, Fuquay Varina NC 27526 Phone 9192333886

Subdivision: Providence Creek Lot 155

Description of Proposed Work:	Single Family Dwelling	Total Job Cost	\$188,697.60
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General Contractor Information

Mattamy Homes LLC	9192333886
Building Contractor's Company Name	Telephone

11000 Regency Pkwy Cary, NC 27518	_Raleigh_PlanReview@mattamycorp.com
Address	Email Address

49775	HEATED SQ FT	2002	GARAGE SQ FT	425
License #				

Electrical Contractor Information

		<u>Electrical Contractor Information</u>			
Description of Work	Wiring	Service Size:	Amps	T-Pole:	yes Yes No

Ideal Electric	734-927-7440
Electrical Contractor's Company Name	Telephone

<u>2436 South Miami Blvd Durham, NC 27703</u>	<u>colleen.heinrich@idealelec.com</u>
Address	Email Address

27098
License #

Mechanical/HVAC Contractor Information

Description of Work	HVAC System
1. System Overview:	The HVAC system is a central air conditioning unit with a variable refrigerant volume (VRF) system, designed to provide cooling and heating for the building.
2. Equipment:	The system includes a central air conditioning unit, a VRF system, and a series of ductwork and registers.
3. Installation:	The system was installed in the building's mechanical room, with ductwork and registers installed throughout the building.
4. Operation:	The system is controlled by a thermostat, which allows the user to set the temperature and schedule the system to operate.
5. Maintenance:	The system requires regular maintenance, including filter changes, coil cleaning, and refrigerant level checks.

<u>A. Maynor Heating & Air Conditioning Inc.</u>	<u>9196832421</u>
Mechanical Contractor's Company Name	Telephone

1094 Classic Road Apex, NC 27539
 Address Email Address

36504
License #

Plumbing Contractor Information

Description of Work	Plumbing	# Baths	2
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<u>Barbour & Pourron Plumbing Inc</u>	<u>9195334455</u>
Plumbing Contractor's Company Name	Telephone

PO Box 934 Clayton, NC 27528

Address

Email Address

27132
License #

Insulation Contractor Information

Live Green Inc.	5001 Old Poole Rd Raleigh, NC 27610	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.

Andrew Barry

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

4/23/2025

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: _____