

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 _	4/23	/2025		
Site Address:	464 Providence Creek Drive, Fuquay Varin	a NC 27	7526	_ Phone	9192333886	
Subdivision: Prov	ridence Creek		_ Lot		153	
Description of Propos	sed Work: Single Family Dwelling		_ Total J	ob Cost	\$220,802.40	
	General Contractor Infor	mation				
Mattamy Homes LLC			9192333886			
Building Contractor's Company Name			Telephone			
11000 Regency Pkwy Cary, NC 27518			_Raleigh_PlanReview@mattamycorp.com			
Address			Email A	ddress		
49775 License #	HEATED SQ FT 2339	GARAG	E SQ FT	<u>458</u>	<del></del>	
License #	Electrical Contractor Info	rmatior	า			
Description of Work	Wiring Service			T-Pole	: <u>yes</u> YesNo	
Ideal Electric		734-		0		
Electrical Contractor	's Company Name		Telepho	one		
	Blvd Durham, NC 27703	colleer			elec.com_	
Address			Email A	Address		
27098 License #						
License #	Mechanical/HVAC Contractor	Informa	ation			
Description of Work	HVAC System					
·	ng & Air Conditioning Inc.			421		
Mechanical Contractor's Company Name			Telephone			
1094 Classic Road Apex, NC 27539						
Address			Email A	ddress	-	
36504	<u></u>					
License #	Disserting Contract on to for		_			
	Plumbing Contractor Info				_	
	Plumbing					
		919533				
Plumbing Contractor's Company Name			Telepho	one		
PO Box 934 Clayton, NC 27528 Address			Email Address			
27132			Zman,	144.555		
License #	<del></del>					
	Insulation Contractor Info	rmatio	<u>n</u>			
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.

number of bedrooms, building and trade plans, Environmenta changes, I certify it is my responsibility to notify the Harnett	
any and all changes.	
<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
Signature of Owner/Contractor/Officer(s) of Corporation	
Signature of Owner/Contracts/Officer(a) of Corneration	4/23/2025
Signature of Owner/Contractor/Onicer(s) of Corporation	Date
Affidavit for Worker's Compen	sation N.C.G.S. 87-14
The undersigned applicant being the:	
General Contractor Owner Off	cer/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 wo	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.	wn 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: