

		Application #	
ust be owner/occupier or nsed contractor. Address, upany name & phone must ch information on license.	Harnett County Centra 420 McKinney Pkwy Lillingt PO Box 65 Lillington, N 910-893-7525 ext. 1 Fax 910-893-2793	Permitting on, NC 27546 C 27546	
	Application for Residential Build	ng and Trades Permit	
Owner's Name:	Mattamy Homes LLC	Date <u>6/26/2025</u>	
Site Address:	504 Providence Creek Drive, Fuquay V	arina NC 27526 Phone <u>91923338</u>	86
Subdivision: Providence Creek		Lot 156	_
	osed Work:Single Family Dwelli		
	General Contractor I		
Mattamy Hom	es LLC	9192333886	
Building Contractor's Company Name		Telephone	
<u>11000 Regency</u> Address	/ Pkwy Cary, NC 27518	_Raleigh_PlanReview@mattamyco Email Address	prp.com
49775	HEATED SQ FT 2007	GARAGE SQ FT 406	
License #			
Description of Work	<u>Electrical Contractor</u> Wiring Se		No
Ideal Electric			_
Electrical Contracto	r's Company Name	Telephone	
2436 South Miami Blvd Durham, NC 27703		_colleen.heinrich@idealelec.com	
Address		Email Address	
27098			
License #	Mechanical/HVAC Contrac	tor Information	
Description of Work	HVAC System		
•		9196832421	
	tor's Company Name	Telephone	
<u> </u>	Road Apex, NC 27539	Email Address	
<u>36504</u> License #			
	Plumbing Contractor	nformation	
Description of Work	Plumbing	# Baths2	
Barbour & Po	urron Plumbing Inc	9195334455	
Plumbing Contracto	r's Company Name	Telephone	
PO Box 934 Clayton, NC 27528			
Address		Email Address	
<u>27132</u> License #			
LICENSE #	Insulation Contractor	nformation	
Live Green Inc	5001 Old Poole Rd Raleigh, NC 27610		
	pr'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.

Andrew Broke

6/26/2025

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.			
$\frac{V}{\text{them}}$ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover			
$\frac{1}{1}$ 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: Operations Coordinator Date: 6/26/2025			