

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: | ner's Name: <u>Mattamy Homes LLC</u> | | 7/9/2025 | | | |
|--|--------------------------------------|--------------|-------------------|------------|--------------------|---|
| Site Address: 05 | 28-55-6982.000, Lillington NC 27546 | | _ Phone | 91923 | 33886 | |
| Subdivision: Seage | ass Landing | | _Lot | | 89 | |
| Description of Proposed Work: Single Family Dwelling | | | _ Total Jo | b Cost | \$226,844.80 | |
| | General Contractor Info | rmation | | | | |
| Mattamy Homes LLC | | | 9192333 | 3886 | | |
| Building Contractor's Company Name | | | Telepho | ne | | |
| 11000 Regency Pkwy Cary, NC 27518 | | | - | - | @mattamycorp.co | m |
| Address | | | Email A | ddress | | |
| 49775 License # | HEATED SQ FT 2339 | GARAG | E SQ FT | <u>458</u> | | |
| License # | Electrical Contractor Info | ormation | 1 | | | |
| Description of Work _ | Servic | e Size: _ | Amps | T-Pole | : <u>yes</u> YesNo | |
| Romanoff Electrical Residential LLC | | _ | | | 2 | |
| Electrical Contractor's Company Name | | | Telepho | ne | | |
| | e, Raleigh, NC 27609 | | | | - | |
| Address | | | Email Address | | | |
| 12915 License # | <u> </u> | | | | | |
| License # | Mechanical/HVAC Contractor | r Inform | ation | | | |
| Description of Work | | | _ | | _ | |
| A. Maynor Heating & Air Conditioning Inc. | | | 919-683- | 2421 | | |
| Mechanical Contractor's Company Name | | | Telepho | ne | | |
| 1094 Classic Road Apex, NC 27539 | | | | | | |
| Address | | | Email Address | | | |
| 36504 | <u></u> | | | | | |
| License # | Diumbing Contractor Infi | . www.atia.w | _ | | | |
| 5 | Plumbing Contractor Info | | _ | | 0 | |
| | | | | | | |
| | | 919-53 | 3-4455 Tolopho | | | |
| Plumbing Contractor's Company Name | | | Telepho | ile | | |
| PO Box 934 Clayton, NC 27528 Address | | | Email A | ddress | - | |
| 27132 | | | | | | |
| License # | _ | | | | | |
| | Insulation Contractor Info | ormatio | <u>n</u> | | | |
| | 001 old Poole Rd Raleigh, NC 27610 | | 919453 | | | |
| Insulation Contractor's Company Name & Address | | | Telepho | ne | | |



*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.

7/9/2025

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 | | | | | | | |
| V 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: Operations Coordinator Date: 7/9/2025 | | | | | | | |