

\*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

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

**COMMERCIAL**

**Application for Building and Trades Permit**

Owner's Name: Mattamy Homes LLC Date: 7/9/2025

Site Address: TBD, 0528-55-6982.000 Phone: 919-233-3886

Directions to job site from Lillington: \_\_\_\_\_

Subdivision: Seagrass Landing Lot: 89

Description of Proposed Work: Single Family Home Model

Heated SF 458 Unheated SF \_\_\_\_\_

**General Contractor Information:** Building Cost \$ 29770

Mattamy Homes LLC 919-233-3886

Building Contractor's Company Name Telephone

11000 Regency Pkwy, Cary NC 27518 \_raleigh\_planreview@mattamycorp.com

Address Email Address

49775

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

**Electrical Contractor Information:** Electrical Cost \$ 893.10

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_

Romanoff Electrical Residential LLC 919-848-4652

Electrical Contractor's Company Name Telephone

3006 Industrial Drive, Raleigh NC 27609

Address Email Address

12915

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

**Mechanical Contractor Information:** Mechanical Cost \$ 1488.50

Description of Work \_\_\_\_\_ # Units \_\_\_\_\_

A. Maynor Heating & Air Conditioning Inc. 919-683-2421

Mechanical Contractor's Company Name Telephone

1094 Classic Road, Apex NC 27539

Address Email Address

12309

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

**Plumbing Contractor Information:** Plumbing Cost \$ 1190.80

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

Barbour & Pourron Plumbing Inc. 919-533-4455

Plumbing Contractor's Company Name Telephone

PO Box 934, Clayton NC 27528

Address Email Address

27132

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

**Insulation Contractor Information**

Live Green Inc. 5001 Old Poole Road, Raleigh NC 27610 919-453-6411

Insulation Contractor's Company Name & Address Telephone

**\*NOTE: General Contractor must fill out and sign the second page of this application**

**Sprinkler Contractor Information**

Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

**Fire Alarm Contractor Information**

Fire Alarm Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

**Driveway Access** - NC Department of Transportation Driveway Access/Permit? \_\_\_\_ Yes \_\_\_\_ No

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 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 charged at full price per current fee schedule.

*Drew Brody*

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

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 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.

Company or Name: Mattamy Homes LLC

Sign w/Title: *Drew Brody* Operations Coordinator Date: 7/9/2025