Application #
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Harnett County Central Permitting

Mailing Address - PO Box 65 Lillington, NC 27546 – Physical Address – 420 McKinney PKWY Lillington NC 27546
Ph.: 910-893-7525 - Fax: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure:	Mattamy Homes LLC	Phone:_	919-233-3886	
Owner (s) Mailing Address:	raleigh_planreview@ma	ittamycorp.co	m	
Land Owner Name (s):	Mattamy Homes LLC	Phoi	ne: 919-233-38	386
Construction or Site Address:_	90 Scarlet Sage I	Dr		
PIN# <u>0654-26-5810.000</u>	Parcel #	080654 00	34 13	
Job Cost (Required): \$7885	.80 Description of Wo	rk to be done	Plumbing	
Mechanical: New Unit With D	uctwork New Unit With	nout Ductwork	c Gas Piping	_ Other
Electrical*: 200 Amp <2 * For Progress E	00 Amp Service Chang nergy customers we need t			ther
Plumbing: yes Water/Sewer T	ap Number of Bath	ns <u>2.5</u>	Water Heater _yes_	
Specific Directions to Job from	Lillington:			
Subdivision: Bloom	Lot #:13		_	
I A. Maynor Plumbing	will provide the	e <u>Plu</u>	mbing	labor on this
structure. (Contractors Name)		(Trade	e)	
I am the building owner or my N	NC state license number is	12309	, which	entitles me to
perform such work on the abov				
other applicable State and loca	l laws, ordinances and regu	lations.		
A.Maynor Plumbing		919-943-8820		
Contractor's Company Name			Telephone	
1000 Goodworth Drive, Ap Address	ex NC 27539	Email Address		
12309				
License #	Α Ι	_ 1		
Structure Owner / Contractor S	ignature:	Broth	9 Date:9/	3/2025

By signing this application, you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

*Company name, address, & phone must match information on license