

## RESIDENTIAL BUILDING APPLICATION

**Site Address:** 223 Scarlet Sage Drive, Fuquay Varina NC 27526 **PIN:** 0654-26-3003.000

**Owner:** Mattamy Homes LLC **Phone:** 919-233-3886 **Email:** \_raleigh\_planreview@mattamycorp.com

**Description of Proposed Work:** Single Family Home, Bloom Lot 5 **Total Job Cost:** \$181,490.40

### GENERAL CONTRACTOR INFORMATION

\* Must be owner or licensed contractor. Address, company name & phone must match information on license.

Mattamy Homes LLC  
General Contractor's Company Name  
11000 Regency Pkwy, Cary NC 27518  
Address  
49775  
License #

919-233-3886  
Phone  
\_raleigh\_planreview@mattamycorp.com  
Email

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Service Size: Amps T-Pole: YES ☒ NO ☐

Romanoff Electrical Residential LLC  
Electrical Contractor's Company Name  
3006 Industrial Drive, Raleigh NC 27609  
Address  
12915  
License #

919-848-4652  
Phone  
Email

### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work:

A. Maynor Heating & Air Conditioning Inc.  
Mechanical Contractor's Company Name  
1094 Classic Rd, Apex NC 27539  
Address  
36504  
License #

919-683-2421  
Phone  
Email

### PLUMBING CONTRACTOR INFORMATION

Description of Work: # of Fixtures: 2

A. Maynor Plumbing  
Plumbing Contractor's Company Name  
1000 Goodworth Dr., Apex NC 27539  
Address  
12309  
License #

919-943-8820  
Phone  
Email

### INSULATION CONTRACTOR INFORMATION

Live Green Inc. 5001Old Poole Rd, Raleigh NC 27610  
Insulation Contractor's Company Name

919-453-6411  
Phone

APPLICATION CONTINUES ON BACK



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

**EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.**

*Drew Brody*

Signature of Owner/Contractor/Officer of Corporation

9/8/2025

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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

☒ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

☒ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

☐ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

*Drew Brody*

Signature of Owner/Contractor/Officer of Corporation

9/8/2025

Date