

RESIDENTIAL BUILDING APPLICATION

Site Address: TBD Mendenhall Drive, Angier NC 27501 **PIN:** 0682-17-8988.000

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

Description of Proposed Work: Single Family Home, Riverfall Lot 36 **Total Job Cost:** \$243,516.00

GENERAL CONTRACTOR INFORMATION

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

<u>Mattamy Homes LLC</u>	<u>919-233-3886</u>
General Contractor's Company Name	Phone
<u>11000 Regency Pkwy, Cary NC 27518</u>	<u>_raleigh_planreview@mattamycorp.com</u>
Address	Email
<u>49775</u>	
License #	

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: _____	Service Size: _____ Amps	T-Pole: YES ☒ NO ☐
<u>Ideal Electric</u>	<u>734-927-7440</u>	
Electrical Contractor's Company Name	Phone	
<u>2436 South Miami Blvd, Durham NC 27703</u>		
Address	Email	
<u>27098</u>		
License #		

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: _____	
<u>A. Maynor Heating & Air Conditioning Inc.</u>	<u>919-683-2421</u>
Mechanical Contractor's Company Name	Phone
<u>1094 Classic Rd, Apex NC 27539</u>	
Address	Email
<u>36504</u>	
License #	

PLUMBING CONTRACTOR INFORMATION

Description of Work: _____	# of Fixtures: <u>3</u>
<u>Barbour & Pourron Plumbing</u>	<u>919-533-4455</u>
Plumbing Contractor's Company Name	Phone
<u>PO Box 934, Clayton NC 27528</u>	
Address	Email
<u>27132</u>	
License #	

INSULATION CONTRACTOR INFORMATION

<u>Live Green Inc. 5001Old Poole Rd, Raleigh NC 27610</u>	<u>919-453-6411</u>
Insulation Contractor's Company Name	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

9/11/2025

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

9/11/2025

Date