

*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.

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: Tri Pointe Homes Holdings LLC Date: 1/2/2025

Site Address: 90 Serene Crossing Phone: 919-300-4901

Directions to job site from Lillington: Take US-401 N 8.9 Miles to Piney Groves Rawls Road
Turn Left onto Serenity Walk Pkwy, Turn Right onto Serene Crossing

Subdivision: Serenity Lot: 281

Description of Proposed Work: Sales Center in Model Home, please reference Residential Permit #: #SFD2412-0080

Heated SF _____ Unheated SF _____

General Contractor Information: Building Cost \$ 65,000

Tri Pointe Homes Holdings LLC

919-300-4901

Building Contractor's Company Name

Telephone

5440 Wade Park Blvd, Suite 400, Raleigh, NC, 27607

Raleighpermits@tripointehomes.com

Address James Myers

Email Address

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

82776

Electrical Contractor Information: Electrical Cost \$ 12,000

Description of Work Electrical Work for New Residential Service Size: 200 Amps #T-Poles 1

Tool Time Services 910-316-9063

Electrical Contractor's Company Name

Telephone

PO Box 2207, Garner, NC 27529

tooltimeservices@gmail.com

Address Signed by: Jim Wardland

Email Address

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

30306-U

Mechanical Contractor Information: Mechanical Cost \$ 14,000

Description of Work HVAC work for new residential construction # Units 1

Caryl Mechanicals 704-882-4522

Mechanical Contractor's Company Name

Telephone

5910 Stockbridge Drive, Monroe, NC 28110

mwalker@carylmechanicals.com

Address Signed by: [Signature]

Email Address

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

16647

Plumbing Contractor Information: Plumbing Cost \$ 13,000

Description of Work Plumbing work for new residential construction # Baths 3

All American Plumbing 910-897-3001

Plumbing Contractor's Company Name

Telephone

PO Box 274, Scurry, TX 75158

javery@aapcoinc.net

Address Signed by: Dason Avery

Email Address

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

23263

Insulation Contractor Information

Live Green - 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.

_____ <i>James Myers</i> Signature of Owner/Contractor/Officer(s) of Corporation	_____ 1/2/2025 Date
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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: Tri Pointe Homes Holdings LLC

Sign w/Title: *James Myers* Date: 1/2/2025