



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

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

**Application for Residential Building and Trades Permit**

Owner's Name: True Homes LLC Date 5/9/2024  
Site Address: 200 Camel Crazies Pl, Lillington, NC 27546 Phone 704-929-8460  
Subdivision: Buies Creek Townhomes Lot 25  
Description of Proposed Work: New Construction - Townhomes Total Job Cost 100,000

**General Contractor Information**

True Homes LLC 704-929-8460  
Building Contractor's Company Name Telephone  
2649 Brekonridge Centre Dr. mparmiter@truehomesusa.com  
Address Email Address  
67353 HEATED SQ FT 1360 GARAGE SQ FT  
License #

**Electrical Contractor Information**

Description of Work Electrical Per Plan Service Size: 200 Amps T-Pole: ☒ Yes ☐ No  
Tool Time Romanoff Electric 919-481-9100  
Electrical Contractor's Company Name Telephone  
2420 Reliance Ave Suite 200 Apex NC 27502 brandon@tooltimeelectric.com  
Address Email Address  
31034 V. 12915  
License #

**Mechanical/HVAC Contractor Information**

Description of Work Mechanical Per Plan  
Airtron Inc./Herbert Louis Hutchins 704-333-5667  
Mechanical Contractor's Company Name Telephone  
10616 Granite St. Unit L, Charlotte NC 28273 kelly.byrd@directenergy.com  
Address Email Address  
32759  
License #

**Plumbing Contractor Information**

Description of Work Plumbing Per Plan # Baths 2  
Titans Plumbing 919-615-1947  
Plumbing Contractor's Company Name Telephone  
1463 South Clinton Avenue, Dunn NC 28334 bryancaales@titansplumbing.com  
Address Email Address  
93800  
License #

**Insulation Contractor Information**

Builder Insulation 919-788-9806  
Insulation Contractor's Company Name & Address Telephone

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



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 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 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 as per current fee schedule.**

*Megan A. Parmiter*

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

*5/9/2024*

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.

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Sign w/Title: **Permit Coordinator**

*Megan A. Parmiter*

Date: **5/9/2024**





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Owner's Name: True Homes LLC Date 5/9/2024  
Site Address: 196 Camel Crazies Pl, Lillington, NC 27546 Phone 704-929-8460  
Subdivision: Buies Creek Townhomes Lot 26  
Description of Proposed Work: New Construction - Townhomes Total Job Cost 100,000

**General Contractor Information**

True Homes LLC 704-929-8460  
Building Contractor's Company Name Telephone  
2649 Brekonridge Centre Dr. mparmiter@truehomesusa.com  
Address Email Address  
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Owner's Name: True Homes LLC Date 5/9/2024  
Site Address: 192 Camel Crazies Pl, Lillington, NC 27546 Phone 704-929-8460  
Subdivision: Buies Creek Townhomes Lot 27  
Description of Proposed Work: New Construction - Townhomes Total Job Cost 100,000

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Building Contractor's Company Name Telephone  
2649 Brekonridge Centre Dr. mparmiter@truehomesusa.com  
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Owner's Name: True Homes LLC Date 5/9/2024  
Site Address: 188 Camel Crazies Pl, Lillington, NC 27546 Phone 704-929-8460  
Subdivision: Buies Creek Townhomes Lot 28  
Description of Proposed Work: New Construction - Townhomes Total Job Cost 100,000

**General Contractor Information**

True Homes LLC 704-929-8460  
Building Contractor's Company Name Telephone  
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Owner's Name: True Homes LLC Date 5/9/2024  
Site Address: 184 Camel Crazies Pl, Lillington, NC 27546 Phone 704-929-8460  
Subdivision: Buies Creek Townhomes Lot 29  
Description of Proposed Work: New Construction - Townhomes Total Job Cost 100,000

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Owner's Name: True Homes LLC Date 5/9/2024  
Site Address: 180 Camel Crazies Pl, Lillington, NC 27546 Phone 704-929-8460  
Subdivision: Buies Creek Townhomes Lot 30  
Description of Proposed Work: New Construction - Townhomes Total Job Cost 100,000

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*Megan A. Parmiter*

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*5/9/2024*





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**Application for Residential Building and Trades Permit**

Owner's Name: True Homes LLC Date 5/9/2024  
Site Address: 172 Camel Crazies Pl, Lillington, NC 27546 Phone 704-929-8460  
Subdivision: Buies Creek Townhomes Lot 32  
Description of Proposed Work: New Construction - Townhomes Total Job Cost 100,000

**General Contractor Information**

True Homes LLC 704-929-8460  
Building Contractor's Company Name Telephone  
2649 Brekonridge Centre Dr. mparmiter@truehomesusa.com  
Address Email Address  
67353 HEATED SQ FT 1360 GARAGE SQ FT  
License #

**Electrical Contractor Information**

Description of Work Electrical Per Plan Service Size: 200 Amps T-Pole: ☒ Yes ☐ No  
Tool Time Electric 919-481-9100  
Electrical Contractor's Company Name Telephone  
2420 Reliance Ave Suite 200 Apex NC 27502 brandon@tooltimeelectric.com  
Address Email Address  
31034 U.12915  
License #

**Mechanical/HVAC Contractor Information**

Description of Work Mechanical Per Plan  
Airtron Inc./Herbert Louis Hutchins 704-333-5667  
Mechanical Contractor's Company Name Telephone  
10616 Granite St. Unit L, Charlotte NC 28273 kelly.byrd@directenergy.com  
Address Email Address  
32759  
License #

**Plumbing Contractor Information**

Description of Work Plumbing Per Plan # Baths 2  
Titans Plumbing 919-615-1947  
Plumbing Contractor's Company Name Telephone  
1463 South Clinton Avenue, Dunn NC 28334 bryancanales@titansplumbing.com  
Address Email Address  
93800  
License #

**Insulation Contractor Information**

Builder Insulation 919-788-9806  
Insulation Contractor's Company Name & Address Telephone

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



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 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 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 as per current fee schedule.**

*Megan A. Parmiter*

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

*5/9/2024*

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.

Sign w/Title: **Permit Coordinator**

*Megan A. Parmiter*

Date: **5/9/2024**