

Application #

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

Application for Residential Building and Trades Permit

| Owner's Name: Tri Pointe Homes Holdings LLC | Date 11/26/24 |
|--|---------------------------------------|
| Site Address: 118 Serene Crossing | 919-300-4901 |
| Subdivision: Serenity | Lot 284 |
| Description of Proposed Work: New Residential Construction | _ Total Job Cost \$175,000 |
| General Contractor Information | , |
| 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 | Email Address |
| 82776 HEATED SQ FT 1676 GARAGE SQ | FT 405 |
| License # | |
| Description of Work Electrical work for new residential construction Service Size: | <u>1</u> 200 Amns T-Pole: V Ves No |
| | |
| Tool Time Services Electrical Contractor's Company Name | 910-316-9063 Telephone |
| · | tooltimeservices@gmail.com |
| PO Box 2207, Garner, NC 27529 Address | Email Address |
| 30306-U | |
| License # | |
| Mechanical/HVAC Contractor Information | <u>ation</u> |
| Description of Work HVAC work for new residential construction | |
| Caryl Mechanicals | 704-882-4522 |
| Mechanical Contractor's Company Name | Telephone |
| 5910 Stockbridge Drive, Monroe, NC 28110 | mwalker@carylmechanicals.com |
| Address | Email Address |
| 16647 | |
| License # | |
| Plumbing Contractor Information | _ |
| Description of Work Plumbing work for new residential construction | _# Baths |
| All American Plumbing | 910-897-3001 |
| Plumbing Contractor's Company Name | Telephone |
| PO Box 274, Scurry, TX 75158 | eavery@aapcoinc.net |
| Address | Email Address |
| 23263 | |
| License # Insulation Contractor Information | n |
| | _ |
| Live Green - 5001 Old Poole Road, Raleigh, NC 27610 Insulation Contractor's Company Name & Address | 919-453-6411 Telephone |

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



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.

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| | 11/26/24 | |
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| Signature of Owner/Contractor/Officer(s) of Corporation | Date | |
| | | |
| Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: | | |
| X General Contractor Owner Offi | cer/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: | | |
| x 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 Department issuing the permit may require certificates of cove to issuance of the permit and at any time during the permitted carrying out the work. | erage of worker's compensation insurance prior | |
| Sign w/Title:James Myers | Date:_ 11/26/24 | |