



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: Tri Pointe Homes Holdings LLC Date 4/9/2025
Site Address: 152 Serene Crossing Phone 919-300-4901
Subdivision: Serenity Lot 288
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** 1456 **GARAGE SQ FT** 398
License #

Electrical Contractor Information

Description of Work Electrical work for new residential construction Service Size: 200 Amps T-Pole: x Yes No
Tool Time Services 910-316-9063
Electrical Contractor's Company Name Telephone
PO Box 2207, Garner, NC 27529 tooltimeservices@gmail.com
Address Email Address
30306-U
License #

Mechanical/HVAC Contractor Information

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 2
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

Live Green - 5001 Old Poole Road, Raleigh, NC 27610 919-453-6411
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.

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

4/9/2025

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

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: James Myers Date: 4/9/2025