

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 5/6/2025
Site Address: 93 Shady Creek Way	
Subdivision: Serenity	Lot <u>364</u>
Description of Proposed Work: New Residential Construction	Total Job Cost _\$175,000
General Contractor Informatio	<u>on</u>
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 2113 GARAGE S	<mark>SQ FT</mark> 472
License #	o.n
Electrical Contractor Information Description of Work Electrical work for new residential construction Service Size:	<u>on</u> : <u>200</u> Amps T-Pole: <u> x </u> Yes <u> </u> 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 Infor	mation
Description of Work <u>HVAC work for new residential construction</u>	
Caryl Mechanicals	704-882-4522
Mechanical Contractor's Company Name	Telephone
5910 Stockbridge Drive, Monroe, NC 28110	mwalker@carylmechanicals.com
Address	Email Address
L.22084	
License # Plumbing Contractor Informati	on
Description of Work Plumbing work for new residential construction	# Baths
All American Plumbing	<u>910-897-3001</u>
Plumbing Contractor's Company Name	Telephone
<u>PO Box 274, Scurry, TX 75158</u> Address	<u>eavery@aapcoinc.net</u> Email Address
L.23263 License #	
Insulation Contractor Informati	on
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.

ames Myers

5/6/2025

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 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: <u>5/6/2025</u>	
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