

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	<sub>Date</sub> 6/1/2025
Site Address: 160 Serene Xing	Phone 919-300-4901
Subdivision: Serenity	Lot 289
Description of Proposed Work: New Residential Construction	Total Job Cost _\$175,000
General Contractor Information	<u>1</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 1674 GARAGE SC	<mark>q FT</mark> 405
License #	
Description of Work Electrical work for new residential construction Service Size:	<u>n</u> NoNoNoNoNoNoNoNo
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 Inform	<u>nation</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	<del></del>
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	an.
Live Green - 5001 Old Poole Road, Raleigh, NC 27610 Insulation Contractor's Company Name & Address	919-453-6411 Telephone
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\*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.

Signature of Owner/Contractor/Officer(s) of Corporation	6/1/2025	
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:	Date: 6/1/2025	