



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 PermitOwner's Name: Tri Pointe Homes Holdings LLC Date 11/14/25Site Address: 190 Serene xing Phone 919-300-4901Subdivision: Serenity Lot _____Description of Proposed Work: New Residential Construction Total Job Cost \$175,000**General Contractor Information**Tri Pointe Homes Holdings LLC 919-300-4901Building Contractor's Company Name Telephone5440 Wade Park Blvd, Suite 400, Raleigh, NC, 27607 RaleighPermits@tripointehomes.comAddress Email Address82776 **HEATED SQ FT** 1674 **GARAGE SQ FT** 405

License # _____

Electrical Contractor InformationDescription of Work Electrical work for new residential construction Service Size: 200 Amps T-Pole: x Yes ___ NoTool Time Services 910-316-9063Electrical Contractor's Company Name TelephonePO Box 2207, Garner, NC 27529 tooltimeservices@gmail.comAddress Email Address30306-U

License # _____

Mechanical/HVAC Contractor InformationDescription of Work HVAC work for new residential constructionCaryl Mechanicals II, inc 704-882-4522Mechanical Contractor's Company Name Telephone1041 Van Buren Ave, Indian Trail, NC 28079 mwalker@carylmechanicals.comAddress Email AddressL.22084

License # _____

Plumbing Contractor InformationDescription of Work Plumbing work for new residential construction # Baths 2All American Plumbing 910-897-3001Plumbing Contractor's Company Name TelephonePO Box 274, Scurry, TX 75158 eavery@aapcoinc.netAddress Email Address23263

License # _____

Insulation Contractor InformationLive Green - 5001 Old Poole Road, Raleigh, NC 27610 919-453-6411Insulation 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

11/14/25
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: 11/14/25