



strong roots • new growth

CentralPermitting@Harnett.org  
(910) 893-7525 ext:1  
420 McKinney Pkwy (physical)  
PO Box 65 (mailing)  
Lillington, NC 27546

### COMMERCIAL BUILDING APPLICATION

Site Address: 15 Spring Brook Ln PIN: 0690-85-3572

Owner: Dream finders Homes Phone: 910-486-4864 Email: mackenziewest@dreamfindershomes.com

Description of Proposed Work: Temporary office sales trailer Total Job Cost: \$ 18,009  
- will be removed

#### GENERAL CONTRACTOR INFORMATION

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

Dream finders Homes, LLC

910-486-4864

General Contractor's Company Name

Phone

3709 Raeford Rd

mackenziewest@dreamfindershomes.com

Address

Email

99501 mackenzie Leonard

\$ Already built  
Building Cost (excluding trades)

License #

Signature of Owner/Contractor/Officer of Corp.

#### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Hooking up construction Service Size: 200 Amps T-Poles: YES  NO

Tool Time services Office trailer

919-977-1408

Electrical Contractor's Company Name

Phone

447 Cleveland Crossing Dr

tooltimeservices@gmail.com

Address

Email

U. 30306 mackenzie Leonard

\$ 750.00  
Electrical Cost

License #

Signature of Owner/Contractor/Officer of Corp.

#### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: NONE - self contained # of Units: \_\_\_\_\_

Mechanical Contractor's Company Name

Phone

Address

Email

License #

Signature of Owner/Contractor/Officer of Corp.

\$ \_\_\_\_\_  
Mechanical Cost

#### PLUMBING CONTRACTOR INFORMATION

Description of Work: None - self contained # of Baths: \_\_\_\_\_

Plumbing Contractor's Company Name

Phone

Address

Email

License #

Signature of Owner/Contractor/Officer of Corp.

\$ \_\_\_\_\_  
Plumbing Cost

#### REFRIGERATION CONTRACTOR INFORMATION

Refrigeration Contractor's Company Name NONE

Phone

Address

Email

License #

Signature of Owner/Contractor/Officer of Corp.

APPLICATION CONTINUES ON BACK



**SPRINKER CONTRACTOR INFORMATION**

Sprinkler Contractor's Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
License # \_\_\_\_\_

*NONE*

Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corp. \_\_\_\_\_

**FIRE ALARM CONTRACTOR INFORMATION**

Fire Alarm Contractor's Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
License # \_\_\_\_\_

*NONE*

Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corp. \_\_\_\_\_

**Driveway Access** - NC Department of Transportation Driveway Access/Permit? YES  NO

I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

**EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.**

*Mackenzie Leonard*  
Signature of Owner/Contractor/Officer of Corp.

*6/9/26*  
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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- Has 3 or more employees and has obtained workers' compensation insurance to cover them,
- Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,
- Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,
- Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

*Mackenzie Leonard*  
Signature of Owner/Contractor/Officer of Corp.

*6/9/26*  
Date