



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: 19 Hallwood DR PIN: 0599-74-8040
Owner: Dream Finders Homes Phone: 910-486-4864 Email: mackenziewest@dreamfindershomes.com
Description of Proposed Work: Sales center in garage Total Job Cost: \$ 12,808
Temporary - 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 Ste 200 mackenziewest@dreamfindershomes.com
Address Email
99501 Mackenzie Leonard \$ 8728.00
License # Signature of Owner/Contractor/Officer of Corp. Building Cost (excluding trades)

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Plugs in sales area Service Size: 200 Amps T-Poles: YES ☐ NO ☒
Buford Electric inc 910-491-5490
Electrical Contractor's Company Name Phone
5247 US-301 Hope mills 28348 inspection@bufordelectric.com
Address Email
31424-06 Mackenzie Leonard \$ 580.00
License # Signature of Owner/Contractor/Officer of Corp. Electrical Cost

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Mini Split system # of Units: 1
Cam1 mechanical 704-882-4522
Mechanical Contractor's Company Name Phone
1041 van Buren ave Indian trail NC
Address Email
22084 Mackenzie Leonard \$ 3500
License # Signature of Owner/Contractor/Officer of Corp. Mechanical Cost

PLUMBING CONTRACTOR INFORMATION

Description of Work: NO Plbg in # of Baths: _____
Plumbing Contractor's Company Name _____
Address Sales center Phone _____
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



SPRINKLER CONTRACTOR INFORMATION

Sprinkler Contractor's Company Name

Phone

Address

Email

License #

Signature of Owner/Contractor/Officer of Corp.

FIRE ALARM CONTRACTOR INFORMATION

Fire Alarm Contractor's Company Name

Phone

Address

Email

License #

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.

7/16/26
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

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.

7/16/26
Date