



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: DREAM FINDERS HOMES, LLC Date 1/10/2024

Site Address: 240 Bow Common Way Phone 910-476-4665

Subdivision: Manor @ Lexington Plantation Lot 687

Description of Proposed Work: New Single Family Home Total Job Cost 210800

General Contractor Information

DREAM FINDERS HOMES, LLC 910-486-4864-21423

Building Contractor's Company Name Telephone

14701 Philips Hwy Suite 300 Jacksonville Fla 32256 tamaragreen@dreamfindershomes.com

Address Email Address

99501 **HEATED SQ FT** 2418 **GARAGE SQ FT** 425

License # _____

Electrical Contractor Information

Description of Work New Single Family Home Service Size: 200 Amps T-Pole: xx Yes ___ No

JM POPE ELECTRIC 919-776-5144

Electrical Contractor's Company Name Telephone

409 Chatham St, Sanford NC ELECTRICPOPE@WINDSTREAM.NET

Address Email Address

21326

License # _____

Mechanical/HVAC Contractor Information

Description of Work New Single Family Home

CAROLINA COMFORT AIR 919-934-1060

Mechanical Contractor's Company Name Telephone

5212 US zhwy 70 Business Clayton NC27520

Address Email Address

29077

License # _____

Plumbing Contractor Information

Description of Work New Single Family Home # Baths 2.5

TITAN'S PLUMBING COMPANY 919-92-0990

Plumbing Contractor's Company Name Telephone

P.O. Box 1045 Dunn NC rociomencia@titansplumbing.com

Address Email Address

34800

License # _____

Insulation Contractor Information

Tri City Insulation 3154 Camden Road Fayetteville NC 28306 910-486-8855

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.

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:

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: Tammy Green Permitting Coordinator Date: 1/10/2024
FAY DIVISION