



Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. 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: 5/7/24
Site Address: 30 Willow Walk Way Phone: 910-486-4864 ext 21423
Subdivision: The Colony @ Lexington Plantation Lot: 460
Description of Proposed Work: SFD Total Job Cost: 194,530

General Contractor Information

DREAM FINDERS HOMES, LLC
Building Contractor's Company Name
14701 PHILIPS HWY SUITE 30 JACKSONVILLE FLA 32256
Address
99501
License # _____

910-486-4864 ext 21423
Telephone
mackenziewest@dreamfindershomes.com
Email Address

HEATED SQ FT 2235 GARAGE SQ FT 403

Electrical Contractor Information

Description of Work Residential Service Size: 200 Amps T-Pole: XX Yes ___ No ___
JM POPE ELECTRICAL LLC
Electrical Contractor's Company Name
409 CHATHAM ST SANFORD NC 27330
Address
21326
License # _____

919-776-5144
Telephone
ELECTRICOPE@WINDSTREAM NET
Email Address

Mechanical/HVAC Contractor Information

Description of Work Residential
Carolina Comfort Air
Mechanical Contractor's Company Name
5212 US Hwy 70 Business Clayton NC 27520
Address
29077
License # _____

919-934-1060
Telephone
Email Address

Plumbing Contractor Information

Description of Work Residential # Baths _____
TITAN'S PLUMBING COMPANY
Plumbing Contractor's Company Name
PO BOX 1045
Address
34800
License # _____

919-902-0990
Telephone
Email Address

Insulation Contractor Information

TRICITY INSULATION 418 PERSON ST FAY NC 28301
Insulation Contractor's Company Name & Address

910-486-8855
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.

Mackenzie Leonard
Signature of Owner/Contractor/Officer(s) of Corporation

5/7/24
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: Mackenzie Leonard Permitting Coordinator

Date: 5/7/24