

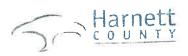
Application #	
1. 1	

Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

on on license.	Date 4/4/25
Owner's Name: DREAM FINDERS HOMES, LLC	910-486-4864 ext 21423
Site Address 238 Steeple Ridge	Phone: 100 to the last of the
Site Address The Colony @ Lexington Planto	2100 Lot: 490
Description of Proposed Work: SFD	Total Job Cost: 225,838
General Contractor Ir	nformation
DREAM FINDERS HOMES, LLC	910-486-4864 ext 21423
Building Contractor's Company Name	Telephone mackinzicwesteareamfinderst
14701 PHILIPS HWY SUITE 30 JACKSONVILLE FLA 32256	Email Address
Address	Email Address
99501	ARAGE SOIFT 450
License # Electrical Contractor	Information
Description of Work Residential Ser	vice Size 200 Amps 1-Pole XX res140
JM POPE ELECTRICAL LLC	919-776-5144
Electrical Contractor's Company Name	Telephone ELECTRICPOPE@WINDSTREAM NET
409 CHATHAM ST SANFORD NC 27330	
Address	Email Address
	Email Address
Address 21326	
Address 21326 License # Mechanical/HVAC Contract	
Address 21326 License # Mechanical/HVAC Contract Description of Work Residential	
Address 21326 License # Mechanical/HVAC Contract Description of Work Residential Carolina Comfort Air	ctor Information
Address 21326 License # Mechanical/HVAC Contract Description of Work Residential Carolina Comfort Air Mechanical Contractor's Company Name	919-934-1060
Address 21326 License # Mechanical/HVAC Contract Description of Work Residential Carolina Comfort Air Mechanical Contractor's Company Name 5212 US Hwy 70 Business Clayton NC 27520	919-934-1060
Address 21326 License # Mechanical/HVAC Contract Carolina Comfort Air Mechanical Contractor's Company Name 5212 US Hwy 70 Business Clayton NC 27520 Address	919-934-1060 Telephone
Address 21326 License # Mechanical/HVAC Contract Description of Work Residential Carolina Comfort Air Mechanical Contractor's Company Name 5212 US Hwy 70 Business Clayton NC 27520 Address 29077	919-934-1060 Telephone Email Address
Address 21326 License # Mechanical/HVAC Contract Description of Work Residential Carolina Comfort Air Mechanical Contractor's Company Name 5212 US Hwy 70 Business Clayton NC 27520 Address 29077 License # Plumbing Contractor	919-934-1060 Telephone Email Address
Address 21326 License # Mechanical/HVAC Contract Description of Work Residential Carolina Comfort Air Mechanical Contractor's Company Name 5212 US Hwy 70 Business Clayton NC 27520 Address 29077 License # Plumbing Contractor	919-934-1060 Telephone Email Address Information # Baths
Address 21326 License # Mechanical/HVAC Contract Description of Work Carolina Comfort Air Mechanical Contractor's Company Name 5212 US Hwy 70 Business Clayton NC 27520 Address 29077 License # Plumbing Contractor Session of Work Residential TITAN'S PLUMBING COMPANY	919-934-1060 Telephone Email Address Information # Baths 919-902-0990
Address 21326 License # Mechanical/HVAC Contract Description of Work Carolina Comfort Air Mechanical Contractor's Company Name 5212 US Hwy 70 Business Clayton NC 27520 Address 29077 License # Plumbing Contractor is Plumbing Contractor is Plumbing Contractor is Plumbing Contractor is Plumbing Contractor in Plumbing Contractor in Plumbing Contractor in Plumbing Contractor is Plumbing Contractor in Plumbi	919-934-1060 Telephone Email Address Information # Baths
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Address 21326 License # Description of Work Carolina Comfort Air Mechanical Contractor's Company Name 5212 US Hwy 70 Business Clayton NC 27520 Address 29077 License # Plumbing Contractor Description of Work Residential TITAN'S PLUMBING COMPANY Plumbing Contractor's Company Name PO BOX 1045 Address 34800	919-934-1060 Telephone Email Address Information # Baths 919-902-0990 Telephone
Address 21326 License # Mechanical/HVAC Contract Carolina Comfort Air Mechanical Contractor's Company Name 5212 US Hwy 70 Business Clayton NC 27520 Address 29077 License # Plumbing Contractor Address	919-934-1060 Telephone Email Address Information # Baths 919-902-0990 Telephone Email Address

*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! 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.

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

Affidavit for Worker's Compensation N.C.G.S. 87-14		
The undersigned applicant being the:		
X General Contractor Owner X 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:		
X 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.		
$\frac{\chi}{\text{covering themselves}}$ Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance		
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		
Sign w/Title Mackemple Resonand Permitting Coordinator Date: 4/4/as		