



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: 4/4/25
Site Address: 238 Steeple Ridge Phone: 910-486-4864 ext 21423
Subdivision: The Colony @ Lexington Plantation Lot: 490
Description of Proposed Work: SFD Total Job Cost: 225,838

General Contractor Information

DREAM FINDERS HOMES, LLC
Building Contractor's Company Name
14701 PHILIPS HWY SUITE 30 JACKSONVILLE FLA 32256
Address
99501
License #
Telephone: 910-486-4864 ext 21423
Email Address: mackenziewest@dreamfindershomes.com
Garage SFD: 2844 Garage SFD: 430

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 #
Telephone: 919-776-5144
Email Address: ELECTRICPOPE@WINDSTREAM.NET

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 #
Telephone: 919-934-1060
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 #
Telephone: 919-902-0990
Email Address: _____

Insulation Contractor Information

TRICITY INSULATION 413 PERSON ST FAY NC 28301
Insulation Contractor's Company Name & Address
Telephone: 910-486-3855

***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

4/4/25
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: 4/4/25