

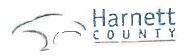
Application # _____

* 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 23 25
Owner's Name: DREAM FINDERS HOMES, LLC	910_486-4864 ext 21423
Site Address. 181 Steeple Ridge	Phone:
Site Address. In Studios Elexington Planto	ation Lot: 474
Description of Proposed Work: SFD	Total Job Cost. 231,800
General Contractor In	nformation
DREAM FINDERS HOMES, LLC	910-486-4864 ext 21423
Building Contractor's Company Name 14701 PHILIPS HWY SUITE 30 JACKSONVILLE FLA 32256	Telephone Mackenziewesteareamfinders
	Email Address
Address 99501 3002	ARAGE SO E 503
Linear #	* * * * * * * * * * * * * * * * * * *
Electrical Contractor I	vice Size: 200_Amps T-Pole: XX_YesNo
Description of Work Residential Ser JM POPE ELECTRICAL LLC	919-776-5144
Electrical Contractor's Company Name	Telephone
409 CHATHAM ST SANFORD NC 27330	ELECTRICPOPE@WINDSTREAM NET
Address	Email Address
21326	
	A I-formation
Mechanical/HVAC Contrac	COT Information
Description of Work Residential	
Quality Comfort Air	010 03/-1060
Carolina Comfort Air	919-934-1060 Telephone
Mechanical Contractor's Company Name	919-934-1060 Telephone
Mechanical Contractor's Company Name	Telephone
Mechanical Contractor's Company Name 5212 US Hwy 70 Business Clayton NC 27520 Address	
Mechanical Contractor's Company Name 5212 US Hwy 70 Business Clayton NC 27520 Address 29077	Telephone
Mechanical Contractor's Company Name 5212 US Hwy 70 Business Clayton NC 27520 Address 29077	Telephone Email Address
Mechanical Contractor's Company Name 5212 US Hwy 70 Business Clayton NC 27520 Address 29077 License # Plumbing Contractor I	Telephone Email Address
Mechanical Contractor's Company Name 5212 US Hwy 70 Business Clayton NC 27520 Address 29077 License # Plumbing Contractor Description of Work Residential	Telephone Email Address Information
Mechanical Contractor's Company Name 5212 US Hwy 70 Business Clayton NC 27520 Address 29077 License # Description of Work TITAN'S PLUMBING COMPANY	Telephone Email Address Information # Baths
Mechanical Contractor's Company Name 5212 US Hwy 70 Business Clayton NC 27520 Address 29077 License # Description of Work TITAN'S PLUMBING COMPANY Plumbing Contractor's Company Name	Telephone Email Address Information # Baths 919-902-0990 Telephone
Mechanical Contractor's Company Name 5212 US Hwy 70 Business Clayton NC 27520 Address 29077 License # Description of Work TITAN'S PLUMBING COMPANY Plumbing Contractor's Company Name PO BOX 1045	Telephone Email Address Information # Baths 919-902-0990
Mechanical Contractor's Company Name 5212 US Hwy 70 Business Clayton NC 27520 Address 29077 License # Description of Work TITAN'S PLUMBING COMPANY Plumbing Contractor's Company Name PO BOX 1045 Address	Telephone Email Address Information # Baths 919-902-0990 Telephone
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Mechanical Contractor's Company Name 5212 US Hwy 70 Business Clayton NC 27520 Address 29077 License # Description of Work TITAN'S PLUMBING COMPANY Plumbing Contractor's Company Name PO BOX 1045 Address	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 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.

mackempie Leonard	4 a3 a5
Signature of Owner/Contractor/Officer(s) of Corporation	Date

NOCC 9744		
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.		
X 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		
Sign w/Title Mackange from dermitting Coordinator Date: 4 23125		