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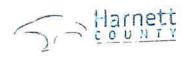
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www harnett.org/permits

Each section below to be filled out by whomever performing work. Must be owner accupier or licensed contractor. Address company name & phone must match information on license.

Application for Residential Building and Trades Permit

prine must match	C17/14
Owner's Name DREAM FINDERS HOMES, LLC	Date 5 1 3 4 910-486-4864 ext 21423
Site Address 211 Steeple Ridge	Phone 910-486-4664 831 21423
Subdivision: The Colony @ Lexington Plantation	Lot 476
Subdivision: The colony & Ecknight 1	Total Job Cost 2, 25, 838
Description of Proposed Work SFD	
General Contractor Informati	910-486-4864 ext 21423
DREAM FINDERS HOMES, LLC	
Building Contractor's Company Name	Telephone Mackenzieweste areamfinders homes
14701 PHILIPS HWY SUITE 30 JACKSONVILLE FLA 32256	Email Address
Address	430
99501 A844	100
License # Electrical Contractor Informa	tion
Description of Work Residential Service Size	e 200 Amps 14 die AA
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
21326	
Licerse # Mechanical/HVAC Contractor Info	rmation
Description of Work Residential	919-934-1060
Carolina Comfort Air	Telephone
Mechanical Contractor's Company Name	1010011011
5212 US Hwy 70 Business Clayton NC 27520	Email Address
Address	
29077	
License # Plumbing Contractor Informa	tion
	# Baths
Description of Work Residential	919-902-0990
TITAN'S PLUMBING COMPANY	Telephone
Plumbing Contractor's Company Name	
PO BOX 1045	Email Address
Address	
34800	
1:	
License # Insulation Contractor Infor. 3	<u>tion</u> n (n. 8.2.3955
TRICITY INSULATION: 4 3 PERSON S7 F4Y NO 2839 Insulation Contractor's Company Name & Address	<u>tion</u> 3 (3 486-3955 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! 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.

Mackenfl Leonard Signature of Owner/Contractor/Officer(s) of Corporation Date		
Airm N.C.C.S. 87-1d		
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		
carrying out the work		
Sign w/Title Mackemple Remarks Coordinator Date 5/7/25		