

Application # \_\_\_\_\_

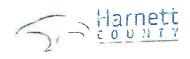
Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www harnett.org/permits

\* 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

| phone must match   | 0. 017/24  |
|--|--|
| Overes's Name DREAM FINDERS HOMES, LLC                                 | Date 5 7 3 4<br>910-486-4864 ext 21423                 |
| 227 Steeple RIAME  | Phone Phone  |
| Site Address and 1 Steeple Lexington Plantation                        | Lot _4   |
| Description of Proposed Work SFD                                       | Total Job Cost 201, 400                                |
| General Contractor Information   |  |
| DREAM FINDERS HOMES, LLC   | 910-486-4864 ext 21423                                 |
| Building Contractor's Company Name                                     | Telephone Telephone                                    |
| 14701 PHILIPS HWY SUITE 30 JACKSONVILLE FLA 32256                      | Telephone<br>ackenzieweste areamfinders homes<br>. Cor |
| Address  | Email Address  |
| 99501  |  |
|  |  |
| License #  Electrical Contractor Information  Service Size             | OU Amps 1-Fole XX 100                                  |
| Description of Work Residential Service Size 3  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  |  |
| License # Mechanical/HVAC Contractor Inform                            | ation  |
|  |  |
| Description of Work Residential  | 919-934-1060   |
| Carolina Comfort Air   | Telephone  |
| Mechanical Contractor's Company Name                                   |  |
| 5212 US Hwy 70 Business Clayton NC 27520                               | Email Address  |
| Address<br>29077   |  |
|  |  |
| Plumbing Contractor information  |  |
| Description of Work Residential  | _# Baths   |
| TITAN'S PLUMBING COMPANY   | 919-902-0990   |
| Plumbing Contractor's Company Name                                     | Telephone  |
| PO BOX 1045  | Email Address  |
| Address  | Email Address  |
| 34800  |  |
| License # Insulation Contractor Information                            |  |
| TRICKTY INSULATION 14 3 PERSON ST FAYING 2830                          | 9 (0 +0.0-2330)  |
| Insulation Contractor's Company Name & Address                         | 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

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. 5|7|135 Date

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

|   | Affidavit for Worker's Compensation N.C.G.S. 87-14   | e<br>T |
|---|--|--------|
| - | The undersigned applicant being the  | 11     |
| - | X General Contractor Owner X Officer/Agent of the Contractor or Owner  | 100    |
| 1 | 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  |        |
|   | rhem   |        |
|   | Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.   |        |
| į | Has no more than two (2) employees and no subcontractors.  |        |
| ì | The understood that the Central Permitting   |        |
|   | 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 Reconstitting Coordinator Date 517 25   | _      |