

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

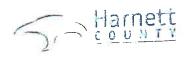
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

\* 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	TO PAIN OUT	-7-P1 12 A 1991
rion on license.		Date \$17/24
Owner's Name DREAM FINDERS HOMES, LLC		910-486-4864 ext 21423
217 Cteeple bidge		Phone 478
Subdivision: The Colony & Lexington Plantation		Total Job Cost 2,838
Description of Proposed Work: SFD Total Job Cost and Job		
	General Contractor Informatio	<u>n</u>
DREAM FINDERS HOMES LLC		910-486-4864 EXT 21425
Building Contractor's Company Name		Telephone NACKENZIEWESTE AREAMFINDERS homes
14701 PHILIPS HWY SUITE 30 JACKSONVILLE FLA 32256		Email Address
Address		430
99501	3844	190
License #	Electrical Contractor Information	on
a sala a salalaria Ra	C	ZUU Allips 1-1 die 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		
Licerse #		mation.
	Mechanical/HVAC Contractor Inform	13d COT
Description of Work Residential		919-934-1060
Carolina Comfort Air		
Mechanical Contractor's Company Name		Теlерhопе
5212 US Hwy 70 Business Clayton NC 27520		Email Address
Address		Email Add. 666
29077	_	
License #	Plumbing Contractor Informati	on
n		# 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		
License #	Insulation Contractor Informatio	90
TRICITY MAULAT	OM LA REERSON STEAY NO 2830"	3 (1-+0,3-1 and
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 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.

Mackemple Leonard  Signature of Owner/Contractor/Officer(s) of Corporation  Signature of Owner/Contractor/Officer(s) of Corporation			
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			
<ul> <li>X Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.</li> </ul>			
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  Date: 517/25			
an acking the managementing Coordinator Date:			