



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: 5.8.25
Site Address: 97 Bennington Way Phone: 910-486-4864
Subdivision: CREEKSIDE OAKS NORTH Lot: 553
Description of Proposed Work: NEW SINGLE FAMILY HOME Total Job Cost: 156219

General Contractor Information

DREAM FINDERS HOMES LLC
Building Contractor's Company Name
14701 Philips Hwy Suite 300 Jacksonville Fla 32256
Address
99501
License #
HEATED SQ FT 2266 GARAGE SQ FT 413
910-486-4864
Telephone
tamaragreen@dreamfindershomes.com
Email Address

Electrical Contractor Information

Description of Work New Single Family Home Service Size: 200 Amps T-Pole: ☒ Yes ☐ No
JM POPE ELECTRIC
Electrical Contractor's Company Name
409 Chatham St, Sanford NC 27330
Address
21326
License #
919-776-5144
Telephone
ELECTRICPOPE@WINDSTREAM.NET
Email Address

Mechanical/HVAC Contractor Information

Description of Work New Single Family Home
CAROLINA COMFORT AIR
Mechanical Contractor's Company Name
5212 US Hwy 70 Business Clayton NC27520
Address
29077
License #
919-934-1060
Telephone
Email Address

Plumbing Contractor Information

Description of Work New Single Family Home # Baths 3
TITAN'S PLUMBING COMPANY
Plumbing Contractor's Company Name
P.O. Box 1045 Dunn NC
Address
34800
License #
919-902-0990
Telephone
Email Address

Insulation Contractor Information

TRICITY INSULATION
Insulation Contractor's Company Name & Address
910-486-8855
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 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.

Tammy Green
Signature of Owner/Contractor/Officer(s) of Corporation

5.8.25
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: Tammy Green Permitting Coordinator Date: 5.8.25