



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: 6.25.25
Site Address: 199 Horse Trot Lane Phone: 910-486-4864 ext 21423
Subdivision: WATSON RIDGE Lot: 38
Description of Proposed Work: SFD Total Job Cost: 163294

General Contractor Information

DREAM FINDERS HOMES, LLC 910-486-4864 ext 21423
Building Contractor's Company Name Telephone
14701 PHILIPS HWY SUITE 30 JACKSONVILLE FLA 32256 tamaragreen@hhhomes.com
Address Email Address
99501 HEATED SQ FT 2216 GARAGE SQ FT 413
License # _____

Electrical Contractor Information

Description of Work Residential Service Size: 200 Amps T-Pole: XX Yes ___ No
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 Information

Description of Work Residential
Carolina Comfort Air 919-934-1060
Mechanical Contractor's Company Name Telephone
5212 US Hwy 70 Business Clayton NC 27520
Address Email Address
29077
License # _____

Plumbing Contractor Information

Description of Work Residential # Baths 3
TITAN'S PLUMBING COMPANY 919-902-0990
Plumbing Contractor's Company Name Telephone
PO BOX 1045
Address Email Address
34800
License # _____

Insulation Contractor Information

TRICITY INSULATION 418 PERSON ST FAY NC 28301 910-486-8855
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 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

6.25.25
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: 6.25.25