



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: 6/5/2025
Site Address: 163 Horse Trot Lane Phone: 910-486-4864 ext 21423
Subdivision: WATSON RIDGE Lot: 36
Description of Proposed Work: SFD Total Job Cost: 139494

General Contractor InformationDREAM FINDERS HOMES, LLC910-486-4864 ext 21423Building Contractor's Company NameTelephone14701 PHILIPS HWY SUITE 30 JACKSONVILLE FLA 32256tamaragreen@hfhomes.comAddressEmail Address99501HEATED SQ FT 1725GARAGE SQ FT 488License #**Electrical Contractor Information**Description of Work ResidentialService Size: 200 Amps T-Pole: XX Yes ___ NoJM POPE ELECTRICAL LLC919-776-5144Electrical Contractor's Company NameTelephone409 CHATHAM ST SANFORD NC 27330ELECTRICPOPE@WINDSTREAM.NETAddressEmail Address21326License #**Mechanical/HVAC Contractor Information**Description of Work ResidentialCarolina Comfort Air919-934-1060Mechanical Contractor's Company NameTelephone5212 US Hwy 70 Business Clayton NC 27520AddressEmail Address29077License #**Plumbing Contractor Information**Description of Work Residential# Baths 2TITAN'S PLUMBING COMPANY919-902-0990Plumbing Contractor's Company NameTelephonePO BOX 1045AddressEmail Address34800License #**Insulation Contractor Information**TRICITY INSULATION 418 PERSON ST FAY NC 28301910-486-8855Insulation Contractor's Company Name & AddressTelephone

***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

6/5/2025
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: 6/5/2025