

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

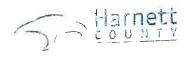
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www harnett.org/permits

\* Each section below to be filled out by whomever performing work Must be owner/occupier or licensed contractor. Address, company name & onone must match information on license.

## Application for Residential Building and Trades Permit

phone must match	Application is	A AND AND AND AND AND AND AND AND AND AN
tion on license		Date US aS
Owner's Name DREA	M FINDERS HOMES, LLC	Phone 910-486-4864 ext 21423
Site Address 333 S	teeple Ridge	
Subdivision: The C	olong & rexinition blantation	Total Job Cost 207, 400
Description of Propose	ed Work SFD	Total Job Cost. 970
Description	General Contractor Informa	910-486-4864 ext 21423
DREAM FINDERS HOM	MES. LLC	
Building Contractor's Company Name		Telephone mackinzicwesteareamfinders ho
14701 PHILIPS HWY SUITE 30 JACKSONVILLE FLA 32256		Email Address
Address	2/10	425
99501	3418 MAG	TOIS .
License #	Electrical Contractor Inform	iation Toolo VV Vas No
Description of Work		ize 200 Amps T-Pale <u>XX Yes No</u> 919-776-5144
JM POPE ELECTRICAL	LLC	Telephone
Electrical Contractor's Company Name		ELECTRICPOPE@WINDSTREAM NET
409 CHATHAM ST SANFORD NC 27330		Email Address
Address		
21326	<del></del>	
Licerse #	Mechanical/HVAC Contractor In	formation
Description of Work	-	
Description of Work  Carolina Comfort Ai	7	919-934-1060
Mechanical Contracto		Telephone
Address	ness Clayton NC 27520	Email Address
29077		
License #	Plumbing Contractor Inform	nation
_		# Baths
Description of Work	Residential	919-902-0990
TITAN'S PLUMBING	COMPANY	Telephone
Plumbing Contractor's	s Company Name	•
PO BOX 1045		Email Address
Address		
34800		
License #	Insulation Contractor Infor.	ation
TRICATAINSULAT	NOM - 1 3 PERSON ST FAY NO 2830 "	3 (3 4,86-3 \$55) Telephone
Insulation Confractor	s Company Name & Address	नः स्थि। । । ।

\*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

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.

415125

	mackemple Leonard 4/5/25			
	Signature of Owner/Contractor/Officer(s) of Corporation  Date			
	1000074			
Ė	Affidavit for Worker's Compensation N.C.G.S. 87-14			
d	The undersigned applicant being the			
100	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 wor				
set forth in the permit:				
Has three (3) or more employees and has obtained workers' compensation insurance to cover the				
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 prio to issuance of the permit and at any time during the permitted work from any person, firm or corporation				
	Sign W/Title Mackemple Resnard Permitting Coordinator Date USIAS			
	Sign W/Title 11 MAKETING COORDINATOR Sate 1			