

RESIDENTIAL BUILDING APPLICATION

Site Address: 225 Greenbay St PIN: 0506-88-9196
Owner: _____ Phone: 910-486-4864 Email: tamaragreen@dreamfindershomes.com
Description of Proposed Work: New Single Family Home Total Job Cost: 152,269

GENERAL CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

DREAM FINDERS HOMES, LLC
General Contractor's Company Name
3709 Raeford Road Suite 200, Fayetteville NC 28304
Address
99501
License # _____

910-486-4864
Phone
tamaragreen@dreamfindershomes.com
Email

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: New Single Family Home
JM POPE ELECTRIC
Electrical Contractor's Company Name
49 CHATHAM ST SANFORD NC 27330
Address
21326
License # _____

Service Size: 200 Amps T-Pole: YES ☒ NO ☐
919-776-5144
Phone
ELECTRICPOPE@WINDSTREAM.NET
Email

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: New Single Family Home
CAROLINA COMFORT AIR
Mechanical Contractor's Company Name
5212 US zhwy 70 Business Clayton NC27520
Address
29077
License # _____

919-934-1060
Phone

Email

PLUMBING CONTRACTOR INFORMATION

Description of Work: New Single Family Home # of Fixtures: 3
TITAN'S PLUMBING COMPANY
Plumbing Contractor's Company Name
P.O. Box 1045 Dunn NC
Address
34800
License # _____

919-902-0990
Phone

Email

INSULATION CONTRACTOR INFORMATION

Tri City Insulation 3154 Camden Rd ste 1 Fay 28306
Insulation Contractor's Company Name

910-486-8855
Phone



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years 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 of Corporation

8.4.25
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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

☒ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

☐ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

☐ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

Tammy Green
Signature of Owner/Contractor/Officer of Corporation

8.4.25
Date