



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

Application # _____
Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: DREAM FINDERS HOMES, LLC _____ Date 10/9/25
Site Address: 116 Utah Ct _____ Phone 910-486-4864
Subdivision: SIERRA VILLAGE _____ Lot 022
Description of Proposed Work: SINGLE FAMILY DWELLING _____ Total Job Cost 137,755

General Contractor Information

DREAM FINDERS HOMES, LLC _____ 910-486-4864

Building Contractor's Company Name _____ Telephone _____
3709 RAEFORD RD FAYETTEVILLE NC 28304 _____ mackenziewest@dreamfinders
Address _____ Email Address homes.com

HEATED SQ FT 1842 GARAGE SQ FT 390

License # _____

Electrical Contractor Information

Description of Work RESIDENTIAL _____ Service Size: 200 _____ Amps T-Pole: XX Yes _____ No
BUFORD ELECTRIC INC _____ 910-491-5490
Electrical Contractor's Company Name _____ Telephone _____
5247 US-301 HOPE MILLS NC 28348 _____ INSPECTIONS.BUFORDELECTRIC.COM
Address _____ Email Address _____
31424-U
License # _____

Mechanical/HVAC Contractor Information

Description of Work RESIDENTIAL _____
CARYL MECHANICALS HEATING & COOLING _____ 704-882-4522
Mechanical Contractor's Company Name _____ Telephone _____
1041 VAN BUREN AVE, INDIAN TRAIL NC 28079 _____
Address _____ Email Address _____
L22084
License # _____

Plumbing Contractor Information

Description of Work RESIDENTIAL _____ # Baths _____
TITAN'S PLUMBING LLC _____ 919-615-1947
Plumbing Contractor's Company Name _____ Telephone _____
PO BOX 1045 DUNN NC 28335 _____ BUSINESS@TITANSPLUMBING.COM
Address _____ Email Address _____
34800
License # _____

Insulation Contractor Information

TRICITY INSULATION 3154 CAMDEN RD 28306 910-486-8855
Insulation Contractor's Company Name & Address _____ Telephone _____



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.

Mackenzie Leonard
Signature of Owner/Contractor/Officer(s) of Corporation

10/9/25
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: Mackenzie Leonard PERMIT COORDINATOR Date: 10/9/25