



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

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

Application for Residential Building and Trades PermitOwner's Name: DREAM FINDERS HOMES, LLC Date 10/9/25Site Address: 94 Utah Ct Phone 910-486-4864Subdivision: SIERRA VILLAGE Lot 024Description of Proposed Work: SINGLE FAMILY DWELLING Total Job Cost 142,515**General Contractor Information**

DREAM FINDERS HOMES, LLC

910-486-4864

Building Contractor's Company Name

3709 RAEFORD RD FAYETTEVILLE NC 28304

Telephone

mckenziwest@dreamfinders
homes.com

Address

Email Address

License #

HEATED SQ FT 1738 GARAGE SQ FT 391**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

Insulation Contractor's Company Name & Address

910-486-8855

Telephone

Tri City



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