



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 Permit

Owner's Name: DREAM FINDERS HOMES, LLC _____ Date 10/9/25
Site Address: 93 Utah Ct _____ Phone 910-486-4864
Subdivision: SIERRA VILLAGE _____ Lot 019
Description of Proposed Work: SINGLE FAMILY DWELLING _____ Total Job Cost 128,795

General Contractor Information

DREAM FINDERS HOMES, LLC

910-486-4864

Building Contractor's Company Name

3709 RAEFORD RD FAYETTEVILLE NC 28304

Address

Telephone

mackenziewest@dreamfinders
homes.com

Email Address

License #

HEATED SQ FT 1725 GARAGE SQ FT 248

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

5247 US-301 HOPE MILLS NC 28348

Address

31424-U

License #

Telephone

INSPECTIONS.BUFORDELECTRIC.COM

Email Address

Mechanical/HVAC Contractor Information

Description of Work RESIDENTIAL _____

CARYL MECHANICALS HEATING & COOLING

704-882-4522

Mechanical Contractor's Company Name

1041 VAN BUREN AVE, INDIAN TRAIL NC 28079

Address

L22084

License #

Telephone

Email Address

Plumbing Contractor Information

Description of Work RESIDENTIAL _____

TITAN'S PLUMBING LLC

Baths _____

919-615-1947

Plumbing Contractor's Company Name

PO BOX 1045 DUNN NC 28335

Address

34800

License #

Telephone

BUSINESS@TITANSPLUMBING.COM

Email Address

Insulation Contractor Information

Tricity Insulation 3154 camden

Insulation Contractor's Company Name & Address

Rd 28306

910-486-8855

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