



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

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

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: 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 \_\_\_\_\_ Telephone \_\_\_\_\_

3709 RAEFORD RD FAYETTEVILLE NC 28304 Email Address MACKENZIEWEST@dreamfinders  
Address homes.com

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work RESIDENTIAL \_\_\_\_\_ Service Size: 200 \_\_\_\_ Amps T-Pole: XX Yes \_\_\_\_ No  
910-491-5490

BUFORD ELECTRIC INC \_\_\_\_\_ Telephone \_\_\_\_\_

Electrical Contractor's Company Name INSPECTIONS.BUFORDELECTRIC.COM  
5247 US-301 HOPE MILLS NC 28348 Email Address \_\_\_\_\_

Address 31424-U

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work RESIDENTIAL \_\_\_\_\_ 704-882-4522

CARYL MECHANICALS HEATING & COOLING Telephone \_\_\_\_\_

Mechanical Contractor's Company Name 1041 VAN BUREN AVE, INDIAN TRAIL NC 28079 Email Address \_\_\_\_\_

Address L22084

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work RESIDENTIAL \_\_\_\_\_ # Baths \_\_\_\_\_

TITAN'S PLUMBING LLC 919-615-1947

Plumbing Contractor's Company Name BUSINESS@TITANSPLUMBING.COM

PO BOX 1045 DUNN NC 28335 Email Address \_\_\_\_\_

Address 34800

License # \_\_\_\_\_

**Insulation Contractor Information**

Tri city insulation 3154 camden 910-486-8855  
Insulation Contractor's Company Name & Address Rd 28306 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