



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: 114 Colorado Ct _____ Phone 910-486-4864
Subdivision: SIERRA VILLAGE _____ Lot 037
Description of Proposed Work: SINGLE FAMILY DWELLING _____ Total Job Cost 149,456

General Contractor Information

DREAM FINDERS HOMES, LLC

910-486-4864

Building Contractor's Company Name

3709 RAEFORD RD FAYETTEVILLE NC 28304

Telephone

mackenziewest@dreamfinders
homes.com

Address

Email Address

License #

HEATED SQ FT 2266 GARAGE SQ FT 413**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

Telephone

INSPECTIONS.BUFORDELECTRIC.COM

Address

Email Address

31424-U

License #

Mechanical/HVAC Contractor InformationDescription of Work RESIDENTIAL _____
CARYL MECHANICALS HEATING & COOLING _____ 704-882-4522

Mechanical Contractor's Company Name

1041 VAN BUREN AVE, INDIAN TRAIL NC 28079

Telephone

Address

Email Address

L22084

License #

Plumbing Contractor InformationDescription of Work RESIDENTIAL _____ # Baths _____
TITAN'S PLUMBING LLC _____ 919-615-1947

Plumbing Contractor's Company Name

PO BOX 1045 DUNN NC 28335

Telephone

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