



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

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

\* Each section below to be filled out  
by whomever performing work.  
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: 11.10.25  
Site Address: 99 Blossom Trail Phone: 910-486-4864  
Subdivision: Magnolia Ridge Lot: 5  
Description of Proposed Work: New Single Family Home Total Job Cost: 156,113

**General Contractor Information**

DREAM FINDERS HOMES, LLC 910-486-4864  
Building Contractor's Company Name Telephone  
3709 Raeford Road Suite 200, Fayetteville NC 28304 tamaragreen@dreamfindershomes.com  
Address Email Address  
99501  
HEATED SQ FT 2266 GARAGE SQ FT 413  
License #

**Electrical Contractor Information**

Description of Work new single family home Service Size: 200 Amps T-Pole: X Yes \_\_\_ No  
BUFORD ELECTRIC LLC 910-723-1937  
Electrical Contractor's Company Name Telephone  
PO BOX 64333 FAYETTEVILLE, NC 28306 dbelectric210@yahoo.com  
Address Email Address  
31424  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New Single Family Home  
CAROLINA COMFORT AIR 919-934-1060  
Mechanical Contractor's Company Name Telephone  
5212 US zhwy 70 Business Clayton NC27520 CAROLINACOMFORTAIR@YAHOOO.CI  
Address Email Address  
29077  
License #

**Plumbing Contractor Information**

Description of Work New Single Family Home # Baths 3  
TITAN'S PLUMBING COMPANY 919-902-0990  
Plumbing Contractor's Company Name Telephone  
PO BOX 1045 Dunn NC 28335 rociomencia@titansplumbing.com  
Address Email Address  
34800  
License #

**Insulation Contractor Information**

Tri City Insulation 3154 Camden Rd ste 1 Fay 28306 910-486-8855  
Insulation Contractor's Company Name & Address Telephone

**\*NOTE: General Contractor / owner must fill out and sign the second page of this application.**



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.**

*Tammy Green*

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

*11.10.2025*  
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: *Tammy Green*

Permitting Coordinator

Date: *11.10.2025*