



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 PermitOwner's Name: DREAM FINDERS HOMES, LLCDate: 11/7/25
910-486-4864 ext 21423Site Address: 134 White doe Xing

Phone: _____

Subdivision: The colony @ Lexington Plantation Lot: 591Description of Proposed Work: SFD Total Job Cost: 231,800**General Contractor Information**

DREAM FINDERS HOMES, LLC

910-486-4864 ext 21423

Building Contractor's Company Name
14701 PHILIPS HWY SUITE 30 JACKSONVILLE FLA 32256

Telephone

mackenziewest@dreamfindershomes.com

Address

Email Address

99501

License #

Electrical Contractor InformationDescription of Work ResidentialService Size: 200 Amps T-Pole: XX Yes ___ No

JM POPE ELECTRICAL LLC

919-776-5144

Electrical Contractor's Company Name
409 CHATHAM ST SANFORD NC 27330

Telephone

ELECTRICPOPE@WINDSTREAM.NET

Address

Email Address

21326

License #

Mechanical/HVAC Contractor InformationDescription of Work Residential

Carolina Comfort Air

919-934-1060

Mechanical Contractor's Company Name

Telephone

5212 US Hwy 70 Business Clayton NC 27520

Email Address

Address

29077

License #

Plumbing Contractor InformationDescription of Work Residential

Baths _____

TITAN'S PLUMBING COMPANY

919-902-0990

Plumbing Contractor's Company Name

Telephone

PO BOX 1045

Email Address

Address

34800

License #

Insulation Contractor Information

TRICITY INSULATION 418 PERSON ST FAY NC 28301

910-486-3855

Insulation Contractor's Company Name & Address

Telephone

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

strong roots • new growth



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

11/7/25
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 Permitting Coordinator Date: 11/7/25