



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: 11.17.25

Site Address: 71 Placard Drive

Phone: 910-486-4864 ext 423

Subdivision: STANDLEY RIDGE

Lot: 7

Description of Proposed Work: SFD

Total Job Cost: 168042

General Contractor Information

DREAM FINDERS HOMES, LLC

910-486-4864 ext 423

Building Contractor's Company Name

14701 PHILIPS HWY SUITE 30 JACKSONVILLE FLA 32256

tamaragreen@dreamfindershomes.com

Address

Email Address

99501

HEATED SQ FT 2428

GARAGE SQ FT 394

License #

Electrical Contractor Information

Description of Work Residential

Service 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 Information

Description of Work Residential

CARYL MECHANICALS II, INC.

704-882-4522

Mechanical Contractor's Company Name

Telephone

1041 VAN BUREN AVE, INDIAN TRAIL NC 28079

Address

Email Address

L 22084

License #

Plumbing Contractor Information

Description of Work Residential

Baths 3

TITAN'S PLUMBING COMPANY

919-902-0990

Plumbing Contractor's Company Name

Telephone

PO BOX 1045

Address

Email Address

34800

License #

Insulation Contractor Information

TRICITY INSULATION 418 PERSON ST FAY NC 28301

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

11.17.25
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: Tammy Green Permitting Coordinator Date: 11.17.25