Harnett COUNTY NORTH CAROLINA

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 7/28/26

Site Address: 18 Avery Pines Way Phone 910-486-4864

Subdivision: TRAVOLINA PINES Lot 038

Description of Proposed Work: _____ Total Job Cost 169,243

General Contractor Information

DREAM FINDERS HOMES, LLC — 910-486-4864
Building Contractor's Company Name — Telephone

3709 RAEFORD RD FAYETTEVILLE NC 28304 — mackenziewest@dreamfindershomes.com
Address — Email Address

99501
License #

HEATED SQ FT 2428 GARAGE SQ FT 394

Electrical Contractor Information

Description of Work RESIDENTIAL Service Size: 200 Amps T-Pole: XX Yes ___No

TOOL TIME SERVICES INC — 919-977-1408
Electrical Contractor's Company Name — Telephone

447 CLEVELAND CROSSING DR GARNER NC 27529 — tooltimeservices@gmail.com
Address — Email Address

U.30306
License #

Mechanical/HVAC Contractor Information

Description of Work RESIDENTIAL

CARYL MECHANICALS HEATING & COOLING — 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_____

TITAN'S PLUMBING — 919-615-1947
Plumbing Contractor's Company Name — Telephone

PO BOX 1045 DUNN NC 28335 — 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

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

Harnett COUNTY NORTH CAROLINA

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

7/28/26
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

X General Contractor _____ Owner X 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:

X 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.

X 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: 7/28/26