



* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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
Email centralpermitting@harnett.org

Application for Residential Building and Trades Permit

Owner's Name: Frank & Krista Stanton Date 4/9/25
Site Address: 6650 Cokesbury Rd, Fuquay Varina Phone 919-539-9674
Subdivision: N/A Lot N/A
Description of Proposed Work: See attached Total Job Cost 38,803.90

General Contractor Information

Frank & Krista Stanton 919-539-9674
Building Contractor's Company Name Telephone
6650 Cokesbury, Rd Fuquay Varina Ronald Krista Stanton @
Address Email Address gmail.com

License # _____

HEATED SQ FT

GARAGE SQ FT

Electrical Contractor Information

Description of Work See attached Service Size: 150 Amps T-Pole: ☒ Yes ☐ No
Ideal Services Company 919-557-0004
Electrical Contractor's Company Name Telephone
110 Tradition Trail, Holly Springs, NC info@idealservicesonline.com
Address 30620 27540 Email Address Com
License # _____

Mechanical/HVAC Contractor Information

Description of Work See attached
Ideal Services Company 919-557-0004
Mechanical Contractor's Company Name Telephone
110 Tradition Trail Holly Springs NC info@idealservicesonline.com
Address 30620 27540 Email Address
License # _____

Plumbing Contractor Information

Description of Work See attached # Baths 1
Ideal Services Company 919-557-0004
Plumbing Contractor's Company Name Telephone
110 Tradition Trail Holly Springs, NC info@idealservicesonline.com
Address 30620 27540 Email Address Com
License # _____

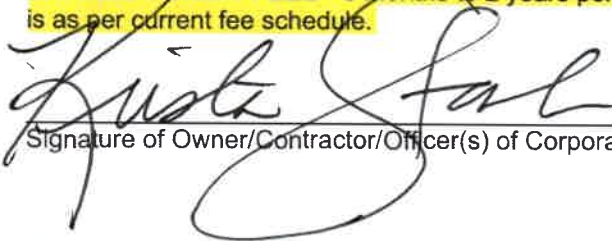
Insulation Contractor Information

Insulating, NC Sanford, NC 919-776-4136
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.


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

4/3/25
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:  owner Date: 4/3/25