



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: Frank & Krista Stanton Date 4/3/25  
Site Address: 6650 Cokesbury Rd Fugway NC Phone 919-539-9674  
Subdivision: N/A 27526 Lot N/A  
Description of Proposed Work: see attached Total Job Cost 78,570.49

**General Contractor Information**

Frank & Krista Stanton 919-539-9674  
Building Contractor's Company Name Telephone  
6650 Cokesbury Rd Fugway Varian Ronald/Krista Stanton @  
Address Email Address gmail.com  
License # HEATED SQ FT 406 GARAGE SQ FT N/A

**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.  
Address 27540 Email Address com  
License # L.35728

**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.  
Address 27540 Email Address com  
License # 30620

**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.  
Address 27540 Email Address com  
License # 30620

**Insulation Contractor Information**

Insulating, NC Sandford, NC 919-776-4138  
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.**

*Krista Stanton*  
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:

*Krista Stanton Owner*

Date:

*4/3/25*