

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 or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: W. H. CABE William Johnson Date: \_\_\_\_\_  
Site Address: 8290 U.S. 401 North Fuquay-Varina NC Phone: (919) 279-2106  
Subdivision: \_\_\_\_\_ 27526 Lot: \_\_\_\_\_  
Description of Proposed Work: up dating existing house Total Job Cost: \$45,000.00

**General Contractor Information**

WADE VUNCANNON CONSTRUCTION (919) 427-6745  
Building Contractor's Company Name Telephone  
101 PARKER DRIVE Fuquay-Varina NC 27526  
Address WADE.VUNCANNON@gmail.com  
7397 Email Address  
License #

**Electrical Contractor Information**

Description of Work Rewiring to get upto code Service Size: \_\_\_\_\_ Amps T-Pole:  Yes  No  
Joseph Michael Fredley (919) 390-8954  
Electrical Contractor's Company Name Telephone  
421 Virgil Road Durham NC 27703  
Address  
32169 Email Address  
License #

**Mechanical/HVAC Contractor Information**

Description of Work Replacing old ducts  
JCS Heating & Air Conditioning Service (919) 369-2657  
Mechanical Contractor's Company Name Telephone  
1539 WADE STEPHENSON ROAD Holly Springs 27540  
Address  
12655 Email Address  
License #

**Plumbing Contractor Information**

Description of Work New bathroom fixtures # Baths 2  
CAIN Plumbing, INC (919) 427-8026  
Plumbing Contractor's Company Name Telephone  
544 OAKRIDGE DUNCAN ROAD Fuquay-Varina NC  
Address  
10036 27526 Email Address  
License #

**Insulation Contractor Information**

INSULATING INC 5902 FAYEVILLE RD RALEIGH NC (919) 772-9000  
Insulation Contractor's Company Name & Address Telephone  
27603

\*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.

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

\_\_\_\_\_  
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: Wade Vuncannon Date: \_\_\_\_\_