



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

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

Application # _____

Application for Residential Building and Trades Permit

Owner's Name: WADE CABE Date 6/28/25
Site Address: 6322 US 401 N, FUQUAY-VARINA, NC 27526 Phone (919) 270-6656
Subdivision: _____ Lot _____
Description of Proposed Work: NEW SFD Total Job Cost \$220,000.00

General Contractor Information

NUNCANNON & SONS BUILDERS, INC. (919) 255-8537
Building Contractor's Company Name Telephone
112 STRICKLAND LANE, LILLINGTON, NC 27546 ZWC@NUNCANNONANDSONSBUILDERSINC.COM
Address Email Address
85590 HEATED SQ FT 1,240 GARAGE SQ FT 572
License #

Electrical Contractor Information

Description of Work ROUGH-IN & TRIM-OUT Service Size: 200 Amps T-Pole: ☒ Yes ☐ No
A AND J ELECTRICAL, LLC (919) 616-9632
Electrical Contractor's Company Name Telephone
3790 CHRISTIAN LIGHT ROAD, FUQUAY-VARINA, NC 27526 D.POPE27526@OUTLOOK.COM
Address Email Address
L.30755
License #

Mechanical/HVAC Contractor Information

Description of Work ROUGH-IN & TRIM-OUT
RANDY LEE JACKSON (910) 242-2941
Mechanical Contractor's Company Name Telephone
1113 WARREN ROAD, ERWIN, NC 28339 RLJ111727@GMAIL.COM
Address Email Address
L.18512
License #

Plumbing Contractor Information

Description of Work ROUGH-IN & TRIM-OUT # Baths 2
KEN WEST PLUMBING, (919) 709-7853
Plumbing Contractor's Company Name Telephone
1561215 BRYANT ROAD, ERWIN, NC 28339 DUSTIN@KENWESTPLUMBING.COM
Address Email Address
L.08252
License #

Insulation Contractor Information

TRI CITY INSULATION & BUILDING PRODUCTS (910) 486-8855
Insulation Contractor's Company Name & Address Telephone
3154 CAMDEN ROAD, FAYETTEVILLE, NC 28306

***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.

Jaby W. Cabe
Signature of Owner/Contractor/Officer(s) of Corporation

6/28/25
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: Jaby W. Cabe, PRESIDENT

Date: 6/28/25