



strong roots • new growth

CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

RESIDENTIAL BUILDING APPLICATION

Site Address: 602 WONDERTOWN DRIVE, ERWIN, NC 28339 PIN: 1507-31-9583.000

Owner: J E WOMBLE AND SONS INC Phone: (919) 255-8537 Email: RAYHWOMBLE@YAHOO.COM

Description of Proposed Work: NEW 3-BEDROOM 2-BATHROOM SFD Total Job Cost: \$190,000.00

GENERAL CONTRACTOR INFORMATION

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

VUNCANNON & SONS BUILDERS, INC.

General Contractor's Company Name

(919) 255-8537

Phone

PO BOX 206, BUIES CREEK, NC 27506

Address

ZWC@VUNCANNONANDSONSBUILDERSINC.COM

Email

85590

License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: ROUGH-IN + TRIM-OUT

Service Size: 200 Amps T-Pole: YES ☒ NO ☐

A AND J ELECTRICAL, LLC

Electrical Contractor's Company Name

(919) 616-9632

Phone

3790 CHRISTIAN LIGHT ROAD, FUGUAY-VARINA, NC 27526

Address

D. POPE 27526@OUTLOOK.COM

Email

L. 30755

License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: ROUGH-IN + TRIM-OUT

RANDY LEE JACKSON

Mechanical Contractor's Company Name

(910) 242-2941

Phone

1113 WARREN AVENUE, ERWIN, NC 28339

Address

RLJ111727@GMAIL.COM

Email

L. 18512

License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: ROUGH-IN + TRIM-OUT

of Fixtures: _____

KEN WEST PLUMBING, LLC

Plumbing Contractor's Company Name

(919) 709-7853

Phone

156 IRIS BRYANT ROAD, ERWIN, NC 28339

Address

DUSTIN@KENWESTPLUMBING.COM

Email

L. 08252

License #

INSULATION CONTRACTOR INFORMATION

TRI-CITY INSULATION & BUILDING PRODUCTS

Insulation Contractor's Company Name

(910) 486-8855

Phone

APPLICATION CONTINUES ON BACK

I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Zach W. Cabe
Signature of Owner/Contractor/Officer of Corporation

11/6/25
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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

☐ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

☐ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

☐ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

Zach W. Cabe
Signature of Owner/Contractor/Officer of Corporation

11/6/25
Date