

Application #

* 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 for Residential Building and Trades Permit

Owner's Name: ICG Homes, LLC	Date <u>4/24/2025</u>
Site Address: 270 Inspiration Way Fuquay-Varina, NC 27526	Phone <u>919-876-5802</u>
Subdivision: Serenity	Lot <u>320</u>
Description of Proposed Work: New SFD	Total Job Cost <u>600,000</u>
General Contractor Information	o <u>n</u>
ICG Homes, LLC	919-876-5802
Building Contractor's Company Name	Telephone
4020 WAKE FOREST RD Ste.306 Raleigh, NC 27609	permits@icghomes.com
Address	Email Address
73533 HEATED SQ FT 3647 GARAGE S	<mark>SQ FT</mark> 930
License #	
Description of Work Whole House Electrical Service Size	
AKE	919-367-6100
Electrical Contractor's Company Name	Telephone
1012 Investment Blvd Apex, NC 27502	akeelectricinc@gmail.com
Address	Email Address
31732	
License #	
Mechanical/HVAC Contractor Infor	<u>mation</u>
Description of Work Whole house mechanical	
Reliable Home Solutions, LLC	919-306-2059
Mechanical Contractor's Company Name	Telephone
829 Purser Drive #A Raleigh, NC 27603	jo <u>sh@reliableheatandair.com</u>
Address	Email Address
33797	
License # Plumbing Contractor Informati	on
Description of Work Whole House Plumbing	# Baths 4
Cutchins Plumbing Inc	919-366-3000
Plumbing Contractor's Company Name	<u>919-300-3000</u> Telephone
, ,	•
_5030 Wendell Blvd Wendell, NC 27591 Address	cutchinsplumbing@yahoo.com Email Address
6722	Littali Address
License #	
Insulation Contractor Informati	<u>on</u>
Live Green - 5001 Old Poole Rd, Raleigh,NC 27610	919-453-6411
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.

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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.		
4/24/2025		
Signature of Owner/Contractor/Officer(s) of Corporation Date		
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:		
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:		
X_ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.		
Has and (1) or more subscattractors(s) and has obtained workers' commencation incurrence to sover		
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.		
3		
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: Darin Wills Date: 4/24/2025		
Date: 172 172 020		