



* 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: Andrew & Debra Levesque Date 4/5/25
Site Address: 420 Cottle Lake Dr. Phone _____
Subdivision: _____ Lot 919-532-4327
Description of Proposed Work: inground pool Total Job Cost 72,000

General Contractor Information

Homeowner
Building Contractor's Company Name _____
420 Cottle Lake Dr. Telephone 919-532-4327
Address _____ Email Address debralevesque@gmail.com
N/A HEATED SQ FT _____ GARAGE SQ FT _____
License # _____

Electrical Contractor Information

Description of Work Pool lighting & wiring Service Size: 60 Amps T-Pole: Yes No
Pool and Spa Electric Telephone 919-793-1538
Electrical Contractor's Company Name _____
89 Savannah Ridge Ct Email Address pandselectncnc@gmail.com
Address 30707
License # _____

Mechanical/HVAC Contractor Information

Description of Work N/A
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work N/A # Baths _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Insulation Contractor Information

N/A
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 Hammet County Zoning Ordinance. I state the information on the above permit 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, changes, I certify it is my responsibility to notify the Hammet 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.

Signature of Owner/Contractor/Officer(s) of Corporation [Signature] Date 4-5-2025

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 subcontractor(s) and has obtained workers' compensation insurance to cover them.

☐ Has one (1) or more subcontractor(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: [Signature] Date: 4-5-2025

Society Road - New Growth