



Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27548
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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Michael J Tatz Date: 5/12/22
Site Address: 1100 Valley Stream rd Phone: 315-679-7709
Subdivision: Anderson Creek Lot: 795
Description of Proposed Work: Finish Third Floor Total Job Cost: _____

General Contractor Information

Michael J Tatz Telephone: 315-679-7709
Building Contractor's Company Name: _____
1100 Valley Stream rd Address: _____
owner HEATED SQ FT 1000 GARAGE SQ FT 300
License # _____ Email Address: tatz.michael@gmail

Electrical Contractor Information

Description of Work: _____ Service Size: 100 Amps T-Pole: Yes No
Michael J Tatz Telephone: 315-679-7709
Electrical Contractor's Company Name: _____
1100 Valley Stream rd Address: _____
owner License # _____ Email Address: tatz.michael@gmail.com

Mechanical/HVAC Contractor Information

Description of Work: Third zone addition to existing HVAC
Michael J Tatz Telephone: 315-679-7709
Mechanical Contractor's Company Name: _____
1100 Valley Stream rd Address: _____
owner License # _____ Email Address: tatz.michael@gmail.com

Plumbing Contractor Information

Description of Work: Shower, Toilet, Sink, Wetbar # Baths: 1
Michael J Tatz Telephone: 315-679-7709
Plumbing Contractor's Company Name: _____
1100 Valley Stream rd Address: _____
owner License # _____ Email Address: tatz.michael@gmail.com

Insulation Contractor Information

Michael J Tatz owner 1100 Valley Stream rd Telephone: 315-679-7709
Insulation Contractor's Company Name & Address: _____

*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.

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

5/12/22
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 [Signature]

Date: 12 MAY 22