



CITY OF HOLLY SPRINGS APPLICATION FOR PLAN REVIEW

Date: _____ Type of Plan (circle): _____ Site _____ Final Plat _____

Applicant/Developer Information

Developer/Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Contact Person's Name: _____ Phone: _____

24 Hour Contact Name: _____ Phone: _____

Plan Delivered By: _____ Phone: _____

Property Information

Name: _____

Address or Location: _____

Project Description (residential, commercial, attached, etc.): _____

Tax Map Number: _____ Parcel number(s): _____

Zoning District: _____ Zoning Case No.(if applicable) _____ Acres: _____

Holly Springs Building Department Use Only

Site Plan

Hydrology Study Included?	Yes	No	
Traffic Study Included?	Yes	No	N/A
Tree Protection Plan Included?	Yes	No	N/A
Five (5) Copies Included?	Yes	No	

Final Plat

Additional Zoning stipulations met? _____
Five (5) Copies Included _____

Plan Routing

P&Z	_____	Date _____
Engineering	_____	Date _____
Fire	_____	Date _____
Building	_____	Date _____
E&S	_____	Date _____

Plan Review Fee Paid? Yes No

Fee Amount: \$ _____

Plan Approved? Yes No

Reason for disapproval: _____



City of Holly Springs

SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE)

Affidavit of Compliance with O.C.G.A. 50-36-1 “Verification of Lawful Presence within the United States.”

O.C.G.A. 50-36-1 requires that applicants applying for such things as licenses for public benefits complete a signed and sworn affidavit verifying the applicant’s lawful presence in the United States. Therefore, the applicant must answer the following questions:

The applicant is a U. S. citizen or legal permanent resident at least eighteen (18) years old.

 YES NO or IF NOT:

The applicant is a qualified alien or nonimmigrant under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, at least eighteen (18) years old, and is lawfully present in the United States. **A photo static copy of the applicant’s alien card issued by the Department of Homeland Security or other federal immigration agency must be included with this document.***

O.C.G.A. 50-36-1 states that “Any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit executed pursuant to this Code section shall be guilty of a violation of Code Section 16-10-20.”

I declare, under penalty of law, that this affidavit has been completed by me and is true and correct.

Signature

Date

Title

Legal Company Name

Company Address

(Must be signed by applicant. If the applicant is a corporation, must be signed by an officer of the corporation. **A STAMPED SIGNATURE IS NOT ACCEPTABLE.**)

I hereby certify that _____ is personally known, or verified by me, that the applicant signed this application after stating to me his or her personal knowledge and understanding of all statements and, under oath actually administered by me, has sworn that the statements and answers contained in this affidavit are true.

SUBSCRIBED AND SWORN BEFORE ME ON THIS
_____ DAY OF _____, 201__

Notary Public

AFFIX SEAL

*All applicants must attach a copy of a secure and verifiable document as defined in O.C.G.A. 50-36-2.