



**City of Holly Springs  
Building Department  
SUBCONTRACTOR AFFIDAVIT**

**A subcontractor affidavit is required for each building permit**

**Building Permit Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Subdivision:** \_\_\_\_\_ **Lot:** \_\_\_\_\_  
**Job Site Address:** \_\_\_\_\_  
**General Contractor:** \_\_\_\_\_

This is to clarify that I am responsible for the: (Please Circle) Electrical Plumbing  
Heat/Air Grease Hood Duct Work Refrigeration System Gas Piping

Please CHECK below the type of STATE LICENSE you hold and are using for this job:

- |   |  |
|---|--|
| <input type="checkbox"/> Electrical Contractor Class 1 (Restricted to not exceeding 200 Amps at service Drop or lateral)  | <input type="checkbox"/> Master Plumber Class 1 (Restricted to S/F, 1 level single-phase, Duplex & Commercial up to 10,000 sq. ft.) (See Note Below) |
| <input type="checkbox"/> Electrical Contractor Class II (Unrestricted)  | <input type="checkbox"/> Master Plumber Class II (Unrestricted)  |
| <input type="checkbox"/> Low-Voltage Contractor Class LV-A (Restricted Alarm & General System Low Voltage)                | <input type="checkbox"/> Utility Contractor  |
| <input type="checkbox"/> Low-Voltage Contractor Class LV-T (Restricted to Telecommunication & General System Low Voltage) | <input type="checkbox"/> Conditioned Air Contractor Class I (Restricted to 60,000 BTU Cooling 175,000 BTU Heating per unit)                          |
| <input type="checkbox"/> Low-Voltage Contractor Class LV-U (Unrestricted)   | <input type="checkbox"/> Conditioned Air Contractor Class II (Unrestricted)  |

I certify that I will comply with all codes and ordinances adopted by The City of Holly Springs that pertain to the construction of this structure. In the event of any change in my status on this installation, I understand that I will be responsible for all indicated work at this job until Building Inspections has been notified, in writing, of any change.

I understand that it is my responsibility to insure that the sewer or septic line connection shall be installed in accordance with the Georgia State Plumbing Code. If served by public sewer, I further certify that the sanitary sewer connection has been completed utilizing an approved sealing device. I hereby agree to indemnify The City of Holly Springs and its inspectors from any liability for damages and loss of property if the sewer or septic line connection has not been installed in accordance with these codes.

**Signature:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_

**County or City Occupational Tax Certificate Number (State of Georgia):** \_\_\_\_\_

**State License Number:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Company Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Mobile/Pager Number:** \_\_\_\_\_

**Notary:** \_\_\_\_\_  
(blue ink only)

**Date:** \_\_\_\_\_ **Seal:** \_\_\_\_\_

Residential permits - \$50.00

Commercial Permits - \$70.00

Occupational Regulatory Fees Apply – please contact permit office for fee total.



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.