



**City of Acworth
Community Development Department**

4415 Senator Russell Avenue
Acworth, Georgia 30101
Office: (770) 974-2032
Fax: (770) 917-0590
www.acworth.org

LOT SPLIT APPLICATION

Project/Development Name (if applicable): _____

Zoning District: _____ Acreage: _____ Number of Lots: _____

Owner(s) name: _____

Applicant(s) Name: _____

Property Location: _____
Property Address Land Lot(s), Parcel(s)

Contact Mailing Address: _____

Phone Number: _____ Fax: _____

Email address (if available): _____

Note: Lot Split submittals are due no less than three weeks prior to the Mayor and Board of Aldermen meeting desired. All applications are to be complete and submitted by the due date; otherwise, approval may be delayed until the next Board of Aldermen meeting.

Applicant Checklist:

_____ Required number of folded copies (6)

_____ Applicable fees (check with Staff)

_____ Submitted “.pdf” electronic format

_____ Submitted AutoCad file on CD-Rom in State Plane Coordinates

Owner’s signature: _____ Date: _____

Print Owner’s Name: _____

Applicant’s signature: _____ Date: _____

Print Applicant’s Name: _____