



City of Acworth
Community Development Department

4415 Senator Russell Avenue
Acworth, Georgia 30101
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www.acworth.org

SPECIAL LAND USE PERMIT APPLICATION

Project Name: Unit: Phase:

Zoning District: Acreage: Number of Units:

Owner(s) name:

Applicant(s) Name:

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

Mailing Address:

Phone Number: Fax:

Email address (if available):

Use of Land:

Note: Submittal for plans is due no later than the last Friday of the month to appear on the following month's Planning & Zoning Commission Agenda. Plans will not be submitted to the Planning & Zoning Commission unless a complete application package is received (see below checklist); otherwise, approval may be delayed until the next Planning and Zoning Commission Meeting.

Applicant Checklist:

Submitted required number of folded copies (15) - include all elevations

Submitted ".pdf" electronic format - include all elevations

Required Fee - \$400.00

Meets Zoning Standards Is a variance required? (If so, see variance application)

Owner's signature: Date:

Print Owner's Name:

Applicant's signature: Date:

Print Applicant's Name: