



City of Acworth  
Community Development Department

4415 Senator Russell Avenue  
Acworth, Georgia 30101  
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Fax: (770) 917-0590  
[www.acworth.org](http://www.acworth.org)

**SUBDIVISION PLAT APPROVAL 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): \_\_\_\_\_

**Preliminary Plat: \_\_\_\_\_ Final Plat: \_\_\_\_\_**

**Note: Preliminary and final plat submittals are due no less than three weeks prior to the Mayor and Board of Aldermen meeting. All plats 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)
- \_\_\_\_\_ Required Fee - \$250.00
- \_\_\_\_\_ 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: \_\_\_\_\_