



City of Acworth
Community Development Department

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

VARIANCE 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): _____

Type of Variance: Building Setback _____ Height _____ Parking _____
Zoning Stipulation _____ City Stream Bank Buffer _____
Other (explain) _____

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 (5) – **site plan and all elevations**
- _____ Submitted “.pdf” electronic format (may be e-mailed) – **site plan and all elevations**
- _____ **Detailed** letter explaining the hardship/why variance is requested
- _____ Required Fee - \$400.00

Owner's signature: _____ Date: _____

Print Owner's Name: _____

Applicant's signature: _____ Date: _____

Print Applicant's Name: _____