



City of Acworth  
Community Development Department

4415 Senator Russell Avenue  
Acworth, Georgia 30101  
Office: (770) 974-2032  
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[www.acworth.org](http://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: \_\_\_\_\_