



City of Acworth
Community Development Department

4415 Senator Russell Avenue
Acworth, Georgia 30101
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Fax: (770) 917-0590
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: _____