



City of Acworth
Community Development Department

4415 Senator Russell Avenue
Acworth, Georgia 30101
Office: (770) 974-2032
Fax: (770) 917-0590
www.acworth.org

CONCEPT PLAN REVIEW 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): _____

Existing Use of Land: _____

Proposed Use of Land: _____

Note: All concept plans by Monday at 4:00 pm. A concept plan review meeting may be scheduled with staff for the following Tuesday morning one week after submittal. Staff will notify you of the meeting time if scheduled. Failure to attend the meeting, if scheduled, will result in a delay of your plan submittal to the Board of Aldermen meeting. Plans will not be submitted to the Board of Aldermen unless all meeting requirements have been met by the applicant and a complete application package is received (see below checklist).

Applicant Checklist:

- _____ Submitted required number of folded copies (10) – **include all elevations (if applicable)**
- _____ Submitted “.pdf” electronic format – **include all elevations (if applicable)**
- _____ Required Fee - \$250.00
- _____ 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: _____