



City of Acworth
Community Development Department

4415 Senator Russell Avenue
Acworth, Georgia 30101
Office: (770) 974-2032
Fax: (770) 917-0590
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: _____