



**City of Acworth
Development Department**

4415 Center Street
Acworth, Georgia 30101
Office: (770) 974-2032
Building@acworth.org
www.acworth.org

LOT SPLIT /COMBINE/PLAT REVIEW

Project Name: _____

Zoning District: _____ Acreage: _____

Owner(s) name: _____

Applicant(s) Name: _____

Property Location: _____
Property Address Land Lot(s), Parcel(s)

Mailing Address: _____

Phone Number: _____

Email address: _____

Note: Any lot split resulting in five (5) or more lots will be required to obtain Mayor and Board of Aldermen approval.

Applicant Checklist:

_____ Submit (1) 24 x 36 copy of site plan

_____ Submitted “.pdf” electronic format

_____ Applicable fees \$150.00

_____ Submitted AutoCad file on CD-Rom or flash drive in State Plane Coordinates

_____ Notarized permission letter from property owner

Owner’s signature: _____ Date: _____

Print Owner’s Name: _____

Applicant’s signature: _____ Date: _____

Print Applicant’s Name: _____