



**City of Acworth  
Development Department**

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

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**ZONING VERIFICATION REQUEST**

Business/Development Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Legal: Land Lot: \_\_\_\_\_ Parcel(s): \_\_\_\_\_ of the 20<sup>th</sup> District.

Owner(s) name: \_\_\_\_\_

Applicant(s) Name: \_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

**Applicant Checklist:**

\_\_\_\_\_ Copy of Survey or Legal Description of the Property in Question

\_\_\_\_\_ \$50.00 Fee (check or money order made payable to the City of Acworth).

\_\_\_\_\_ If more than property zoning and violation verification requested, attach a letter specifying all information requested. For extensive reviews, additional time may be required to process the request at an additional cost.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_