



**City of Acworth
Development Department**

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

ZONING VERIFICATION REQUEST

Business/Development Name: _____

Property Address: _____

Legal: Land Lot: _____ Parcel(s): _____ of the 20th 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: _____