

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

ZONING VERIFICATION REQUEST

Business/Development Name:			
Property Address:			
Legal: Land Lot:	_ Parcel(s):		_ of the 20 th 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 <u>City of Acworth</u>).

_____ 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: