



**City of Acworth
Development Department**

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

LOT SPLIT / COMBINE / PLAT REVIEW

Project Name: _____

Zoning District: _____ Acreage: _____

Owner(s) name: _____

Applicant(s) Name: _____

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

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 Check List:

_____ Submit (1) digital ".pdf " copy of site plan to zoning@acworth-ga.gov

_____ Pay \$150.00 fee via check or calling (770) 974-2032

_____ Notarized permission letter from property(s) owner

**Note: Once approved please submit a 24 x 36 copy of the plat. Cobb Water & Sewer must
sign the approved plat. Please include a signature block for the Development Director
to sign. Once signed, the plat *must* be recorded with Cobb County Superior Court**

Owner's signature: _____ Date: _____

Print Owner's Name: _____

Applicant's signature: _____ Date: _____

Print Applicant's Name: _____