

City of Acworth Development Department

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

OVERLAY APPROVAL CERTIFICATE APPLICATION

Project Name:	Zoning District:
Owner(s) name:	
Applicant(s) Name:	
Property Location: Property Address	Land Lot(s),
Parcel(s) Mailing Address:	
Phone Number:	e-Mail:
Note: Prior to submitting and Overlay Approval application meeting with the Overlay Approval C to schedule this meeting. Once all of the Committe will be added to the next avaible	ommittee. Please email zoning@acworth-ga.gov e's comments have been addressed your request
Applicant Check List:	
Attended pre-application meeting with 0	
Emailed site plan and full color elevation	
Emailed letter detailing the scope of wor Paid Review Fee - \$25.00 Residential, \$	
Owner's signature:	Date:
Print Owner's Name:	
Applicant's signature:	Date:
Print Applicant's Name:	