City of Acworth
Development Department

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

CONCEPT PLAN REVIEW APPLICATION

Project Name: _____

Zoning District: _____ Acreage: _____

Owner(s) name: _____

Applicant(s) Name: _____

Property Address: _____

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

Mailing Address: _____

Phone Number: _____

Email address: _____

Existing Use of Land: _____

Proposed Use of Land:_____

Note: Plans will not be submitted to the Board of Aldermen unless a complete application package is received. (see below checklist).

Applicant Checklist:

_____ Submitted (1) 24x 36" folded copies of site plan – **include all bulk/area/elevations/renderings**
_____ Submitted ".pdf" electronic format – **include all bulk/area/elevations/renderings**

_____ Required Fee - $270.00

Owner's signature: _____ Date:

Print Owner's Name: _____

Applicant's signature: _____ Date:

Print Applicant's Name: _____

Revised 05-22-2025