



**City of Dawsonville**

**415 Hwy 53 E, Suite 100  
Dawsonville, GA 30534**

**Phone (706)265-3256  
Fax # (706)265-4214**

**Planning Application  
Withdrawal Request**

Date: \_\_\_\_\_

Location Address: \_\_\_\_\_

I \_\_\_\_\_, would like to withdraw my application for parcel number  
\_\_\_\_\_ at this time for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail:

Office Use Only

Received: \_\_\_\_\_ Reviewed by \_\_\_\_\_ Approved: \_\_\_\_\_

12.2020