



Town of Estill SC Application for Conditional Use

Name of Applicant _____ Date: _____

Address: _____

Telephone: _____ Email: _____

Property Address: _____

Map Parcel ID# _____

Type of Use Requested: _____

Current Use: _____

Please attach proof of ownership to the Application

Signature: _____ Date: _____

For Office Use Only

Received By: _____ Date: _____

Approved: Yes _____ No _____

If No Why? _____

_____ Date _____

Town Administrator