



Town of Estill SC

Application to the Board of Zoning and Appeals

Name of Applicant _____ Date: _____

Address: _____

Telephone: _____ Email: _____

Property Address: _____

Map Parcel ID# _____

Type of Appeal: Variance _____ Special Exception _____ Zoning Admin. Appeal _____ Other _____

Attach proof of ownership

Attach detailed letter explaining why you want to be heard by the Board

Signature: _____ Date: _____

For Office Use Only Received By: _____ Date: _____
