



Town of Estill SC

Rezoning Application

Name of Applicant _____ Date: _____

Address: _____

Telephone: _____ Email: _____

Property Address: _____

Map Parcel ID# _____

Current Zoning _____

Requested Zoning _____

Attach proof of ownership

Attach detailed letter explaining why you want the property to be rezoned

Signature: _____

Date: _____

For Office Use Only Received By: _____ Date: _____
