



## Town of Ellore Zoning Information Request Form

**\*(Required)**

**\*Date of Request:** \_\_\_\_\_

**\*Name of Requestor (Print):** \_\_\_\_\_

**\*Requestor Signature:** \_\_\_\_\_

**\*Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**\*Telephone #:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

### Location of Zoned Property

**\*Property Tax Map #:** \_\_\_\_\_

**\*Street Address:** \_\_\_\_\_

**\*Zoning Question: (Attach additional sheets if necessary)**

\_\_\_\_\_  
\_\_\_\_\_

**Submit to:** 2719 Cleveland Street, P.O. Box 28, Ellore, SC 29047  
**Fax:** 803-897-3315  
**E-mail:** [clerk@elloreesc.com](mailto:clerk@elloreesc.com) OR [townhall@elloreesc.com](mailto:townhall@elloreesc.com)

*Requests will be forwarded to the Zoning Administrator and the requestor will receive a written response within 72 hours, excepting weekends/holidays.*

***CURRENT ZONING ADMINISTRATOR: Chasity Sanders Avinger, Esq., Avinger Law Firm, LLC***