



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 OR 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