



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

\_\_\_\_\_

\_\_\_\_\_

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

*Requests are only accepted for properties located inside the Ellore town limits.*