



Town of Estill SC Application for Lot Combination

Name of Applicant _____ Date: _____

Address: _____

Telephone: _____ Email: _____

Property Address: _____

Map Parcel ID# _____

Please attach proof of ownership to the Application

I understand that the review from the Town on my proposed development is subject to Development Services charges from the Town. Building permits will be issued by the Hampton County Building Department ONLY after Town approval. I further understand that the Hampton County Building Department has separate fees and requirements in addition to the Town's Zoning related fees and services.

Signature: _____ Date: _____

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| For Office Use Only Received By: _____ Date: _____ Approved: Yes _____ No _____ If No Why? _____ _____ _____ _____ Town Administrator _____ Date _____ |
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