

TOWN OF PORT ROYAL
ANNEXATION PETITION REQUEST FORM

Please fill in all information and return to 700 Paris Avenue, Port Royal, SC or mail to PO Drawer 9, Port Royal, SC 29935 or e mail to tpayne@portroyal.org

Date of request: _____

Name and address of all owners as listed on deed:

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

District, Map and Parcel(s) number:

R _____

911 address of property to be annexed:

Approximate number of acres to be annexed: _____

Requested zoning for property to be annexed: _____

Number of dwellings on this property: _____ Other structures: _____

Approximate number of residents: _____ Racial make-up: _____

Once your request has been received and processed, it will be scheduled for:

Review by the Joint Municipal Planning Commission for recommendation
First Reading
Public Hearing
Final Reading by Council

If no problems incur, this process takes approximately sixty days.

Contact person for this annexation: _____

Contact information: Phone #: _____ FAX #: _____

email address: _____

This form must be accompanied by an 8 1/2" by 11" copy of a current property plat.

For questions pertaining to this form please call 843-986-2211.