

**Town of Port Royal – Planning Office
Post Office Drawer 9
700 Paris Ave
Port Royal, South Carolina 29935
Phone (843) 986-2207 Fax (843) 986-2210
E-Mail: lbridges@portroyal.org**

TOWN OF PORT ROYAL HISTORIC PRESERVATION COMMISSION PROJECT APPLICATION

Application #: _____ **Date Received:** _____ **Zoning District:** _____

Property Address: _____

Applicant: _____ Phone: _____

Applicant's Address: _____

Beaufort County 1997 Historic Sites Survey listing: _____

Property Owner: _____ Phone: _____

Owner's Address: _____

Architect: _____ Phone: _____

Architect's Address: _____

REQUEST FOR: Conceptual Review Preliminary Review
 Final Approval Change After Certification

NATURE OF WORK: (Check All That Apply)

 Color changes Alterations, Additions
 Signage, Awnings New Construction
 Legal Plat Minor/Major Demolition or Relocation
 Other: _____

DRAWINGS/MATERIALS ACCOMPANYING APPLICATION:

 Photographs Floor/Roof Plans Color Sample Elevation Drawings
 Site Plan/Plat Detail Drawing Material Sample Model

EXPLANATION AND DESCRIPTION OF WORK:

Pursuant to Section 6-29-1145 of the South Carolina Code of Laws, is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this application? ___ Yes ___ No

An Application is incomplete until all required information is submitted. Incomplete applications will not be placed on a commission agenda. Applications are reviewed based upon the *Secretary of the Interior Standards*. Office copies are available for reference. In order that meetings not be excessively long, the board maintains a strict policy that no more than ten applications are reviewed in any one meeting. The application and 9copies of all exhibits must be filed by 5:00 p.m. on the deadline date. If the applicant or a representative is not present at the meeting, the application will not be reviewed.

OWNER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____