

**TOWN OF PORT ROYAL VEHICLE RESTORATION PERMIT**  
**P.O. DRAWER 9**  
**700 PARIS AVE**  
**PORT ROYAL SC 29935-0009**  
**(843) 986-2207**

**For Office Use Only**

Date Requested: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date Issued: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Permit #: \_\_\_\_\_

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Name /Address of Registered Owner: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Vehicle Storage Address: \_\_\_\_\_

\_\_\_\_\_

District/ Map/ Parcel \_\_\_\_\_

**Description of Vehicle:**

Year : \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN #: \_\_\_\_\_

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**DO NOT WRITE IN THIS SPACE—OFFICE USE ONLY**

New  Renew    Zoning District: \_\_\_\_\_

License Fee: \$ \_\_\_\_\_    Receipt #: \_\_\_\_\_