



TOWN OF PORT ROYAL

SUBDIVISION APPLICATION

Planning Department
 700 Paris Avenue
 Port Royal, SC 29935
 (843) 986-2207
 nkrepps@portroyal.org
 www.portroyal.org

Applicant		Property Owner	
Name:		Name:	
Phone:		Phone:	
Mailing Address:		Mailing Address:	
Email:		Email:	
Project Information			
Project Name:		Project Location:	
Zoning District:		Acreage:	
Parcel ID (PIN):			
Project Description:			
Minimum Requirements for Submittal			
<ol style="list-style-type: none"> Digital files of the Subdivision Plat stamped and signed by a surveyor registered in South Carolina. Paper copies will be required upon approval. Recorded deed and plat showing proof of property ownership. Project Narrative describing reason for application and compliance with the criteria in Article 2 of the Port Royal Code 			
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			
I hereby acknowledge by my signature below that the foregoing application is complete and accurate and that I am the owner of the subject property. As applicable, I authorize the subject property to be posted and inspected.			
Property Owner Signature:		Date:	
Applicant Signature:		Date:	