

**ZONING PERMIT  
SAFETY APPLICATION**

Town of Port Royal 700 Paris Ave, Port Royal, South Carolina 29935

P (843) 986-2215      f(843) 986-2210

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Application fee: \$30

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**OFFICE USE ONLY:**      Date Filed: \_\_\_\_\_      Application #: \_\_\_\_\_

Change of use:      Yes       No       Approved By: \_\_\_\_\_

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

The owner of the property is aware of and has authorized the proposed business as described in this application.  
 Yes       No

**Applicant, Owner and Property Information**

Applicant Name: \_\_\_\_\_      Business Name: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_      Applicant Phone Number: \_\_\_\_\_  
Property Owner: \_\_\_\_\_  
Property/Business Address: \_\_\_\_\_

**Submission Information:**

Describe, in detail, the proposed business to be conducted at the above address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please answer the following questions:**

Who was the previous occupant? (Required) \_\_\_\_\_

Square Footage of space: (Required) \_\_\_\_\_

YES      NO

- Are you moving from a location within the City Limits?  
If so, where are you moving from? \_\_\_\_\_
- Are you planning to do any renovations?
- Will you require signage?
- Is Building Sprinkled?

**Certification of Correctness:** I/we certify that the information in this application is correct.

Applicant Signature: \_\_\_\_\_      Date: \_\_\_\_\_

FOR OFFICIAL USE ONLY -Conditions/Comments: \_\_\_\_\_  
\_\_\_\_\_