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 bplank-buccola@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 Metro 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 ½” by 11” copy of a current property platt.

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