



Planning Department
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 www.portroyal.org

FENCE PERMIT APPLICATION

(Town of Port Royal Wall and Fence Codes can be found on our website
www.portroyal.org, Zoning and Development Code, Article 5)

Contractor		Property Owner	
Business Name:		Name:	
Business Contact:		Phone:	
Phone:		Email:	
Mailing Address:		Mailing Address:	
Email:			
Port Royal Business License # of Installer:			
Project Information			
Project Name:		Project Location:	
Zoning District:		Acreage:	
Parcel ID (PIN):			
Project Description:			
Minimum Requirements for Submittal			
<ol style="list-style-type: none"> 1. Description of the proposed fence including all materials and heights. 2. Digital files showing the property lines and location of the proposed fence. 3. Photographs showing the proposed fence location and any existing fences. 			
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:	