



Building Department  
 700 Paris Avenue  
 Port Royal, SC 29935  
 (843) 986-2219  
 permits@portroyal.org  
 www.portroyal.org

## SIGN PERMIT APPLICATION

Applicant		Property Owner	
Name:		Name:	
Phone:		Phone:	
Mailing Address:		Mailing Address:	
Email:		Email:	
Town Business License # of Owner/Tenant (if applicable):			
Town Business License # of Installer:			
<b>Project Information</b>			
Project Name:		Project Location:	
Zoning District:		Acreage:	
Parcel ID (PIN):			
<input type="checkbox"/> Temporary		<input type="checkbox"/> Permanent	
Project Description:			
<b>Minimum Requirements for Submittal</b>			
<ol style="list-style-type: none"> <li>1. Digital files of the proposed sign showing all elevations, materials, and colors.</li> <li>2. Digital files showing the property lines and location of the proposed sign, landscaping, and lighting.</li> <li>3. Photographs of the building façade with dimensions showing the entire wall or tenant space façade, the proposed sign location and any existing signage.</li> <li>4. Digital files of an illustration of the wall sign affixed to the wall façade, if applicable.</li> </ol>			
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:	