



Planning Department
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 Port Royal, SC 29935
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SUBDIVISION APPLICATION

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"> 1. Digital files of the Subdivision Plat stamped and signed by a surveyor registered in South Carolina. Paper copies will be required upon approval. 2. Recorded deed and plat showing proof of property ownership. 3. 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: