



HOWARD COUNTY

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS

APPLICATION FOR SHOOTING RANGE APPROVAL

Please return completed form to the Department of Inspections, Licenses and Permits, located in the George Howard Building at 3430 Court House Drive, Ellicott City, MD 21043 along with payment. Permits are valid for one year from the date issued.

1. ORGANIZATION/INDIVIDUAL SUBMITTING APPLICATION

NAME: _____ CONTACT PERSON: _____
 PHONE # _____ EMAIL: _____
 ADDRESS: _____

2. RANGE LOCATION AND ADDRESS _____

3. RANGE TYPE:

- INDOOR PISTOL AND SMALL RIFFLE RANGE _____
- SHOTGUN TURKEY SHOOT _____
- OUTDOOR SHOTGUN RANGE _____
- OUTDOOR BORE RIFLE RANGE _____
- OUTDOOR PISTOL & SMALL BORE RIFLE RANGE _____
- OUTDOOR FIRING RANGE FOR PNEUMATIC GUN _____
- OTHER (IF OTHER, PLEASE ATTACH EXPLANATION ON SEPARATE SHEET) _____

DESCRIPTION OF PROPERTY: _____

4. CLASSIFICATION

- a. OPEN TO GENERAL PUBLIC _____
- b. ORGANIZATIONAL _____
- c. PRIVATE _____

5. OPERATING TIMES (not permitted between 10 p.m. and 7 a.m.)

DATES(S) _____
 HOURS OF OPERATION _____

6. TOILETS AND HANDWASHING FACILITIES

YES _____ NO _____

7. IS FEE CHARGED?

YES _____ NO _____

If YES, describe _____

8. PROVIDE COPY OF SAFETY RULES

9. POSTING REQUIREMENTS:

SIGNS: **DANGER/FIRING RANGE, KEEP OUT** DISPLAYED? YES _____ NO _____

a. RANGE OFFICER: _____ PH # _____

ADDRESS: _____

b. ASSISTANT RANGE OFFICER: _____ PH # _____

ADDRESS: _____

10. DOES WEATHER AFFECT OPERATIONS?

YES _____ NO _____

11. DESCRIBE PARKING AND SPECTATOR FACILITIES:

12. PROVIDE COPY OF SHOOTING RANGE SITE, DESIGNATED TARGET AREAS, SAFETY ZONES AND FIRING LINE AND ELECTRICAL PLANS, WHEN APPLICABLE.

Applicant's Signature

Title

Date

THIS CERTIFIES that on the _____ day of _____, 20_____, before the subscriber, a Notary Public, of the State of Maryland, personally appeared

_____ and acknowledge the execution of the foregoing statement to be true to the best of his/her/their knowledge and belief.

WITNESS BY HAND AND OFFICIAL SEAL

My Commission Expires: _____

DEPARTMENT OF PLANNING AND ZONING

APPROVAL: _____
SIGNATURE TITLE DATE

REJECTED: _____
SIGNATURE TITLE DATE

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS

APPROVAL: _____
SIGNATURE TITLE DATE

REJECTED: _____
SIGNATURE TITLE DATE

CR# _____ CHECK # _____ AMOUNT PAID _____

DATE ISSUED _____ EXPIRATION DATE _____