# APPLICATION FOR APPROVAL OF FIRING RANGE
# FLATHEAD COUNTY

**PLEASE COMPLETE ONLY THE TOP PORTION OF THIS APPLICATION**

**Please Print**

Name of Applicant: _____

Complete Address of Applicant: _____

Telephone Numbers: _____

Is the area in which this firing range is located a zoned area? Yes ❒ No ❒

**Address or Location of Firing Range:** Please furnish a **complete legal description** of the property and use the boxed area to furnish a **detailed map** with proper directions for location of the firing range for an on-site viewing and inspection. Please use another sheet of paper if necessary.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Signature of Applicant: _____

**[FOR USE BY SHERIFF'S OFFICE ONLY]**

Date of Inspection: _____
Name of Inspecting Officer: _____
Inspection Report: _____
_____
_____
_____
_____
_____

**RECOMMENDATION**

The above Firing Range has been inspected, and it is recommended that this application be: Approved: ❒ Denied: ❒, based on the above inspection report.

**[FOR USE BY ZONING ADMINISTRATOR ONLY]**

Is the above described property located within a zoned area? _____
If yes, is this use a designated use within the zoned area? _____
Additional Information: _____
_____
Signature of Zoning Administrator: _____

**[FOR USE BY COUNTY COMMISSIONERS ONLY]**

This Application is hereby: Approved: ❒ Denied: ❒

FLATHEAD COUNTY BOARD OF COMMISSIONERS

_____ DATE: _____
Signature of Chairman

**This application has been reviewed as prescribed by Section 45-8-343 (2) Montana Codes Annotated. Approval of this application does not in any way relieve the range owner/operator from any liability incurred from the operation of such range. Range must be operated in accordance with any and all applicable laws, rules and regulations of the State of Montana and the United States of America.**