

APPLICATION FOR APPROVAL OF FIRING RANGE  
COMPLETE ONLY THE TOP PORTION OF THIS APPLICATION

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

TELEPHONE NUMBER: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

IS THE AREA IN WHICH THIS FIRING RANGE IS LOCATED ZONED? (circle one) YES NO

ADDRESS OR LOCATION OF FIRING RANGE: PLEASE FURNISH A COMPLETE LEGAL DESCRIPTION OF THE PROPERTY. ATTACH 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 \_\_\_\_\_

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**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 (circle one) APPROVED DENIED

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**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 ZONE AREA: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF ZONING ADMINISTRATOR: \_\_\_\_\_

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**FOR USE BY COUNTY COMMISSIONERS ONLY**

THIS APPLICATION IS HEREBY (circle one) APPROVED DENIED

FLATHEAD COUNTY BOARD OF COMMISSIONERS

\_\_\_\_\_ DATE \_\_\_\_\_

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/OPERATORS 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.