

Planning & Zoning Department
1301 2nd Ave.
Suite 1D09
Conway, SC 29526



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www.horrycounty.org

**RANGE FOR CONCEALED WEAPONS PERMIT (CWP)
APPLICATION**

Date Filed: _____ Energov PC#: _____

1. Complete the application in its entirety (**incomplete applications will not be processed**);
2. Ranges and all buildings shall meet the setback requirements of the zoning district. Please submit a legible plot plan drawn to scale showing property dimensions and locations of all existing structures, proposed structures and location of shooting range.
3. CWP range operators are required to have a **CWP Instructor License issued by the State of South Carolina**. A copy of the license will need to be provided with this application.
4. On-site classroom instruction for activities associates with CWP shall require a building/structure meeting commercial standards.
5. **Approved for pistol range only.**

TAX MAP NUMBER: _____ **PIN#** _____

ZONING DISTRICT: _____
(Property must be zoned HI, FA, CFA, LFA, AG2 and AG3 to apply)

PROPERTY LOCATION: _____

PROPERTY ACREAGE: _____

CWP INSTRUCTOR LICENSE#: _____

ON-SITE CLASSROOM INSTRUCTIONS: _____ Yes _____ No

If no, where will classes be held: _____

HOURS OF OPERATION: _____ a.m. to _____ p.m. **Days of the Week:** _____

APPLICANT: _____

Address: _____

Telephone: _____ (Work) _____ (Home) _____ (E-mail)

PROPERTY OWNER(S) NAME(S) _____

If the owner is a partnership or corporation, the names, addresses and telephone numbers of all parties is required, please attached another sheet if necessary

Address: _____

Telephone: _____ (Work) _____ (Home) _____ (E-mail)

X _____	_____
X _____	_____

PROPERTY OWNER(S) SIGNATURE

DATE

DESIGNATION OF AGENT (If the Property Owner Wishes To Appoint an Agent to Represent Him or Herself)

Agents Name: _____

Address: _____

Telephone: _____ (Work) _____ (Home) _____ (E-mail)

I hereby appoint the person(s) listed above as agent to act on my behalf for the purpose of filing such application for a firearm training & sports facility as he/she shall deem necessary and proper.

X _____	_____
X _____	_____

PROPERTY OWNER(S) SIGNATURE

DATE

Revocation

Any permit issued under this section may be revoked by the Zoning Administrator for cause, including but not limited to: failure to adhere to the approved site plan, discontinuance of use of the facility for a period exceeding six (6) months; or, failure to adhere to all County, State, and Federal laws.

Signature of Zoning Administrator/Asst. Z.A./Deputy Planning Director

Date