

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**