



PERMIT APPLICATION FOR DISCHARGE OF FIREARM

Pursuant to Matthews Town Ordinance 130.03, any person who intends to discharge a firearm, to include bow & arrows, must do so either in a licensed shooting gallery or range, or, if upon any other property, only upon the issuance of a permit by the Town Board of Commissioners. It is furthermore the responsibility of the person requesting this permit that he/she be in compliance with all N.C. General Statutes and N.C. Wildlife guidelines and regulations.

Completed applications must be returned to the Matthews Police Department for investigation and review before they will be considered by the Board of Commissioners. A separate application is required for each individual and each location.

- Applicant Full Name: _____ Date of Birth: _____
 Complete Home Address: _____
 County of Residence: _____ Telephone (H): _____ (C): _____
 Driver's License / State ID #: _____ State: _____ E-Mail Address: _____
- Address of Requested Discharge: _____
 Owner's Name (if different from applicant): Same _____
 Address (if different from Discharge Address): _____
 Telephone (H): _____ (C): _____

REQUIRED OF PROPERTY OWNER: As the owner / responsible person for the above listed property, I hereby consent to this permit application and assume all responsibility / liability for the applicant's use of this property:

(Signed) _____ (Witnessed) _____ (Date) _____

- Date(s) of Intended Discharge: _____ Time(s): _____
- Type of Weapon(s): _____
- Purpose of Discharge: _____

The following must be submitted with the completed application:

- A printed or drawn-to-scale map of the requested property, indicating the ownership information of all adjoining properties as well as the intended locations / positions of intended discharge (i.e. hunting stand locations)
- A written notice / letter stating the intention and purpose of intended discharge and signed acknowledgment from each adjoining property owner, whereby they denote their support or opposition of the issuance of the permit

FOR OFFICE USE ONLY

Initial Review By: _____
(For Matthews Police Department) Date With (Applicant)

Items Provided: ___ Completed application ___ Complete Map of Location ___ Acknowledgement of Neighbors

Site Inspection By: _____
(For Matthews Police Department) Date With (Applicant)

___ Recommendation for denial for the following reason(s): _____

- ___ Recommend approval with the following conditions:
- Placement of warning signs at (number) _____ locations
 - Discharge between the hours of _____ and _____ and/or on _____ (days of week)
 - Discharge only in directions as noted on the amended site map, a copy of which provided to applicant
 - Other: _____

For questions about form or ordinance: Sgt. Bill Shaw 704-847-4069 FirearmsPermits@MatthewsPolice.org

* Return the completed application package to the Matthews Police Department Records Office / M-F / 8:00 – 5:00 *