

VILLAGE OF EDGAR
Archery Range Permit Application

Applicant:

Please read this application thoroughly and complete it as accurately as possible.

Concerns have been expressed about the **SAFETY** of archery ranges within our community. As a result of these concerns it is important to provide an application that is accurate and complete.

If you have questions about this application please contact the Chief of Police, Village Administrator or the Chairman of the License, Building, Safety and Zoning Committee for clarification.

Initial applications for an archery range are acceptable at any time. However, the permit will expire on the following July 31. Subsequent to the initial permit the license period for all archery permits will be August 1 through July 31. Applications to recertify your range for the following license period need to be submitted no later than June 1.

DATE OF APPLICATION: _____

APPLICANT INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: _____

INDIVIDUAL WHO IS RESPONSIBLE FOR RANGE CONSTRUCTION, SUPERVISION, AND **SAFETY:**

DECRPTION OF PROPERTY TO BE USED (LOT, BLOCK, AND SUBDIVISION) FOR THE RANGE:

A scale drawing of the proposed range is required. Include your property and your neighbors' property. We need to know sizes and locations of buildings or structures within two hundred feet (200') of the range. Please submit this on a separate sheet and include with the application.

It is important that your neighbors are aware of your planned activity. Archery ranges are inherently dangerous. People who are aware of environmental conditions are able to interact positively with these conditions to promote **SAFE** activity. Please be aware that you are not obtaining permission from your neighbor. The purpose of the statement is to make sure your neighbor is aware of this particular activity.

Please make contact with each of the neighbors adjacent to the property upon which you plan to establish your range. Please have them sign the following statement.

APPLICANT'S NAME: _____ has made contact with me to share with me his/her intention to establish an archery range on his/her property. I understand that if I have questions or comments about this application I may contact the Chief of Police, Village Administrator or the Chairman of the License, Building, Safety and Zoning Committee.

SIGNATURE OF NEIGHBOR: _____

ADDRESS: _____

Please provide proof of liability insurance. Your homeowner's insurance agent is able to provide you with this document to submit with your application.

Your application and the physical construction of your range will be reviewed for **SAFETY** and reasonableness by the Chief of Police. The Chief of Police will make a recommendation to the Village of Edgar Board for approval/disapproval. You will be contacted if an unfavorable recommendation is to be made so that you have an opportunity to modify your range plans to achieve a recommendation for approval.

Archery ranges are a **PRIVILEGE** provided to you pursuant to the provisions of Section 11-2-4 of the Village of Edgar Code of Ordinances. Failure to obtain a permit or abide by the provisions of the code will subject a violator to fines or forfeitures to be determined by the court.

X

Signature of applicant

Date reviewed by the Chief of Police: _____

Date submitted to the Village Board: _____

Date approved/disapprove by the Village Board: _____

Date permit issued: _____