



# City of New Meadows

## LAND CHANGE REQUEST

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### 1. APPLICANT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### 2. REQUEST DETAILS

Split  Combine  Lot Line Adjustment  Other: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

Is there a water right associated with this property?  YES  NO

Is there a lien holder on this property?  YES  NO (*may require approval from lienholder*)

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**Describe the proposed changes, including resulting parcel size(s).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By my signature below, I acknowledge that I have requested the action to be considered by the New Meadows Planning & Zoning Committee. I understand that all requests will be reviewed and evaluated for compliance with the zoning and building regulations of the City of New Meadows.*

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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3. **PLANNING & ZONING APPROVAL**  Approved  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. **NEW MEADOWS CITY COUNCIL APPROVAL**  Approved  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_