



City of New Meadows

LAND CHANGE REQUEST

1. APPLICANT INFORMATION

Name: William P BROWN Phone: _____
Address: 309 S HEIGHO
City: New Meadows State: ID Zip: 83654
Email: _____

2. REQUEST DETAILS

Split Combine Lot Line Adjustment Other: _____

Parcel Number(s): RPM0240032013AA

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)

Will the above changes cause any portion of this property to be in non-compliance with the zoning code?

Yes No If yes, explain:

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

SEE ATTACHED

Describe any impact this change will have on neighboring properties.

N/A

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: [Signature] Date: 9-21-23

Owner Signature: _____ Date: _____

3. PLANNING & ZONING APPROVAL Approved Denied

Signature: _____ Date: _____

4. NEW MEADOWS CITY COUNCIL APPROVAL Approved Denied

Signature: _____ Date: _____