



# City of New Meadows LAND CHANGE REQUEST

## 1. APPLICANT INFORMATION

Name: David Elledge, member Summers Edge LLC Phone: \_\_\_\_\_  
Address: 1270 S. Heron Pointe Ln  
City: Eagle State: ID Zip: 83616  
Email: drelledge66@gmail.com

## 2. REQUEST DETAILS

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

Parcel Number(s): RPM01300010040, RPM01300010050, RPM01300010060

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

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.

We are not aware of any

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: David Elledge Date: 7-7-23

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

3. PLANNING & ZONING APPROVAL  Approved  Denied

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

4. NEW MEADOWS CITY COUNCIL APPROVAL  Approved  Denied

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