City of New Meadows
Conditional Use Permit Application

Date: 4 / 16 / 2026 Name: Samantha Brown (ORIGO NOVA, LLC)
Month/Day/Year (Applicant)

Mailing Address: PO Box 1085
McCall, ID 83638

Phone: (406) 551-3082

Name: Samantha Brown (ORIGO NOVA, LLC)
(Owner or Stakeholder of Valid Option)

Mailing Address: PO Box 1085
McCall, ID 83638

Phone: (406) 551-3082

Location: 309 S. Heigho Lot/Block Number: 13-16, Block 32

APPLICATION PROCEDURE: At a minimum, the application shall contain the following information before application is to be accepted:

1. ☒ Name, address and phone number of applicant
2. ☒ Name, address and phone number of owner or stake holder
3. ☒ Legal Description of the property
4. ☒ Description of existing use
5. ☒ Zone District
6. ☒ Description of proposed variance or conditional use
7. ☒ Site Plan (drawn to scale which shows the property that is under consideration, location of all improvements and the specific information concerning the request)
8. ☒ Objective narrative stating the reasoning for a variance or conditional use and the justification of the request
9. ☒ Certificate of Ownership (the certification of a reputable Title Insurance Company licensed under the laws of the State of Idaho as to the ownership of the property and of any interest shown therein of record.)
10. ☒ A list of all property owners and their mailing within a 300 foot radius from external property boundaries of the subject property. (This information must be provided by and certified to by a licensed Title Company doing business in Adams County)
11. ☒ ALL applicable application fees (applicant to be invoiced for all postage, advertisements, legal review, engineering review after process)

	Fee:	Paid:
Conditional Use Permit-Residential	$100	
Conditional Use Permit-Non-Residential	$250	

The date of the public hearing will be established by the Administrator upon acceptance of a completed application and review.

Applicant Signature: _____ Date: 4/16/2026
Owner of Record Signature: _____ Date: 4/16/2026
Administrator Signature: _____ Date: _____

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CONDITIONAL USE CHECKLIST

(TO BE COMPLETED BY ADMINISTRATOR)

		Yes	No
1.	Application:		
	a) Letter of explanation	☒	☐
	b) Name of applicant	☒	☐
	c) Legal Description	☒	☐
	d) Map of Area	☐	☐
	e) Drawings to Scale showing shape and size	☐	☐
	f) Signatures	☐	☐
	g) Filing Fee	☐	☐
	h) Affidavit of Legal Interest	☐	☐
2.	Lot Size-Specific Condition	☐	☐
3.	Height, size or location of buildings – Specific Conditions	☐	☐
4.	Set Back – Specific Conditions	☐	☐
5.	Vehicle Access Points	☐	☐
6.	Street Modification	☐	☐
7.	Off Street Parking	☐	☐
8.	Signs-Specific Condition	☐	☐
9.	Diking, fencing, screening landscaping or other facilities to protect adjacent property	☐	☐
10.	Open Spaces – Specific Conditions	☐	☐
11.	Site Report form S. W. District Health with appropriate written approval	☐	☐
12.	Written approval from regulatory agencies	☐	☐
13.	Location of existing or proposed Public Utilities	☐	☐
14.	Copy of Restrictive Covenants	☐	☐
15.	Notification to Adjacent property owners by Clerk	☐	☐
16.	Fire Protection (Uniform Fire Code)	☐	☐
17.	Home-Based Occupations		
	a) Participation/Employees	☐	☐
	b) Character of activity	☐	☐
	c) On premise client/patron contact	☐	☐
	d) Traffic generation	☐	☐
	e) Noise	☐	☐
	f) Equipment / Restriction	☐	☐
	g) Parking	☐	☐
	h) Prohibited Uses	☐	☐

Notes: _____

AFFIDAVIT OF LEGAL INTEREST

STATE OF IDAHO,)
) ss.
County of Adams,)

ORIGO NOVA (name), residing at 985 Ridge Rd. (street address)
McCall, ID 83638 (city), _____ (state/zip code), being first duly sworn upon oath, depose and say:

1. That I am the record owner of the property described on the attached, and I grant my permission to:
Samantha Brown (name), 985 Ridge Rd McCall, ID 83638 (address)
to submit the accompanying application pertaining to that property.

2. I agree to indemnify, defend and hold the City of New Meadows and its employees harmless from any claim or liability resulting from any dispute as to the statements contained herein or as to the ownership of the property which is the subject of the application.

DATED this 16th day of April, 2026.

_____
(Signature)

SUBSCRIBED AND SWORN to before me the day and year first above written.

BRITTANY VAWTER
COMM. #20203574
NOTARY PUBLIC
STATE OF IDAHO

_____
Notary Public for Idaho
Residing at: Valley County
My commission expires: 9/17/2026