



City of New Meadows LAND CHANGE REQUEST

1. APPLICANT INFORMATION

Name: ANDREW OSBORN Phone: (208) 559-2496
 Address: 205 LARAE ST
 City: NEW MEADOWS State: IDAHO Zip: 83654
 Email: drew.osborn55@gmail.com

2. REQUEST DETAILS

Split Combine Lot Line Adjustment Other: _____

Parcel Number(s): RPM0500000190, RPM0500000180

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). Lots 17 & 18

COMBINE 0.21 ac AND 0.24 ac PARCELS INTO 0.5 ac PARCEL

Describe any impact this change will have on neighboring properties.

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: 5/8/2024

Owner Signature: _____ Date: _____

3. PLANNING & ZONING APPROVAL Approved Denied

Signature: _____ Date: _____

4. NEW MEADOWS CITY COUNCIL APPROVAL Approved Denied

Signature: _____ Date: _____