



City of New Meadows

LAND CHANGE REQUEST

1. APPLICANT INFORMATION

Name: Genevieve and Dana Van Laningham Phone: _____
Address: PO Box 9884 (208)669-3554
City: Moscow State: ID Zip: 83843
Email: mountainGenevieve@gmail.com

2. REQUEST DETAILS

Split Combine Lot Line Adjustment Other: _____

Parcel Number(s): RPM 00000 247010 A

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)
we would like the .93 acre lot to be officially divided into three lots, corresponding with the three addresses.

Describe any impact this change will have on neighboring properties.

the property will be 413, 415 and 417 Virginia Ave. This will enable us to sell some lots and start developing.

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: 10/17/22

Owner Signature: [Signature] Date: 10/17/22

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

Signature: _____ Date: _____

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

Signature: _____ Date: _____