

# City of New Meadows Short Term RV Use Permit Application

**Permit Type:**     Emergency     Transitional     Displacement     Vacation

## Applicant Information:

Applicant Name: Alex Martinez  
Applicant Mailing Address: PO Box 2438 <sup>McCall ID 83638</sup>  
Physical Address for RV: 300-304 S. Miller <sup>New Meadows</sup>  
Applicant Phone Number: 208-315-7098  
RV License #: TBD  
RV License Expiration Date: TBD

## Property Owner Information:

Same as applicant  
Name: Cory & Kandra Fischer  
Mailing Address: PO BOX 2675 <sup>McCall 83638</sup>  
Physical Address: 3383 Ridge dr <sup>McCall ID 83638</sup>  
Phone Number: 208-919-3075  
Property Zone: \_\_\_\_\_

**Complete the section below that pertains to the permit you are applying for.**

**E** Emergency Permit: due to:     Fire     Flood     Wind     Earthquake     Other: \_\_\_\_\_  
RV Location:     My Property     The Property of: \_\_\_\_\_  
Please Initial:  
\_\_\_\_ I have provided proof of the emergency (photos, contracts for repair, maintenance, etc.)  
\_\_\_\_ I have provided written permission to place RV on a property other than my own.  
\_\_\_\_ I understand the permit is valid for 30-90 days with one extension, if necessary.  
\_\_\_\_ My RV will be occupied only by myself and immediate family.  
\_\_\_\_ My RV will not be parked on any street.  
\_\_\_\_ My RV will not be parked in any easement from November 1st - April 30th.

**T** Transitional Permit: (residing in RV while building a home)  
Please Initial:  
\_\_\_\_ I have provided a copy of my building permit.  
\_\_\_\_ I have provided a copy of my building contract or manufactured home purchase agreement.  
\_\_\_\_ I understand the permit is valid for 180 days with one 90-day extension, if necessary.  
\_\_\_\_ My RV will be occupied only by myself and immediate family.  
\_\_\_\_ My RV will not be parked on any street.  
\_\_\_\_ My RV will not be parked in any easement from November 1st - April 30th.

**V** Vacation Permit: (family / friends residing in RV on my property for up to 14 days per visit)

Please Initial:

- I have read, understand, and will comply with city code regarding RVs in the city limits.
- This permit shall allow for up to 30 days of vacation RV use on my property in a 1-year period.
- Visitors shall not remain for more than 14 consecutive days.
- My property is set up for RV vacation use as per the zoning code.
- The RV will not be parked on any street or easement.
- The RV will not be connected to the City sewer system.
- I will acquire an updated vacation permit each time an RV is occupied on my property.

**D** Displacement Permit: (unable to find adequate housing)

Please Initial:

- My RV design and plan was approved by Planning & Zoning.
- My RV will be placed in a residential zone.
- My RV is fully operational & will be tied to the City's water and sewer system permanently.
- My RV will comply with setbacks on the property.
- My RV will be placed on a level pad of concrete or gravel.
- I understand this permit is to be renewed every 180 days.

Please provide a diagram showing where on the property the RV will be placed. Include current structures, cross roads, setbacks, and any other pertinent information:  separate sheet provided

# City of New Meadows Short Term RV Use Permit Application

An RV Short Term Use Permit may be issued subject to the regulations contained in the New Meadows City Code and is hereby agreed that the use of RVs on private property be in accordance with the specifications stated in the City code and this application.

Applicant Signature:  Property Owner Signature: 

### \*Office Use Only\*

Date Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Application Complete:  Yes  No  
 Application  Approved  Denied Permit # Issued: \_\_\_\_\_  
 Fee Paid \_\_\_\_\_  No Fee Receipt #: \_\_\_\_\_ Permit Expiration Date: \_\_\_\_\_

**Emergency** 30-90 days (one 30-90 day extension)

Date of initial Permit Issuance: \_\_\_\_\_ Date of Extension: \_\_\_\_\_  
 Expiration Date of Permit: \_\_\_\_\_ Expiration of Extension: \_\_\_\_\_

**Transitional** 90-180 days (one 90 day extension)

Date of initial Permit Issuance: \_\_\_\_\_ Date of Extension: \_\_\_\_\_  
 Expiration Date of Permit: \_\_\_\_\_ Expiration of Extension: \_\_\_\_\_

**Vacation** 30 days annually - \$100 annually or \$5 per visitor non-refundable

Date of initial Permit Issuance: _____	Dates of use: _____	Dates of use: _____
Expiration Date of Permit: _____	Dates of use: _____	Dates of use: _____

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

**Displacement** 180 days (180 day extension) Sunsets 2023

Date of Council Approval: _____	Date of Council Approval: _____	Date of Council Approval: _____
Date of initial Permit Issuance: _____	Date of Extension: _____	Date of Extension: _____
Expiration Date of Permit: _____	Expiration of Extension: _____	Expiration of Extension: _____