



# City of New Meadows LAND CHANGE REQUEST

## 1. APPLICANT INFORMATION

Name: William P Brown Phone: \_\_\_\_\_  
Address: 309 S HEARD  
City: New Meadows State: ID Zip: 83654  
Email: \_\_\_\_\_

## 2. REQUEST DETAILS

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

Parcel Number(s): RPM0240032013AA

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).

SEE ATTACHED

Describe any impact this change will have on neighboring properties.

N/A

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: 9-21-23

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

3. PLANNING & ZONING APPROVAL  Approved  Denied

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

4. NEW MEADOWS CITY COUNCIL APPROVAL  Approved  Denied

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