



Lincoln County Department of Planning & Development

210 SW 2nd Street, Newport, OR 97365
Phone (541) 265-4192 Fax (541) 265-6945

LAND USE REGULATION COMPENSATION CLAIM

TO BE COMPLETED BY STAFF

Date Received: _____ Case File Number: 14-LURCC-05-580 Staff Initials: _____
 Fee: _____ Current Zoning: _____ Comp. Plan: _____ Prev. Action: _____
 Receipt #: _____ Violation: _____ Assigned Staff Member: _____

TO BE COMPLETED BY CLAIMANT / OTHER OWNER(S) / AGENT

Claimant Property Owners

Claimant Property Owners: BATTLES Charles +
Last First Middle
 Mailing Address: 3296 Alsea Hwy
 City: _____ State: OR Zip: 97394
 Phone Number: (541) 563-3616

Other Property Owners

Please list all owners other than claimants with an interest in the property

Other Property Owner: _____
Last First Middle
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: () -



Other Property Owner: _____
Last First Middle
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: () -

Other Property Owner: _____
Last First Middle
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: () -

Agent

Name of Agent: Battles Mike Charles
Last First Middle
 Mailing Address: 645 S.W. Green Dr.
 City: Waldport State: OR Zip: 97394
 Phone Number: (541) 563-4439



LAND USE REGULATION COMPENSATION CLAIM

TO BE COMPLETED BY APPLICANT

Property Description

Please list all contiguous tax lots under the same ownership that subject to the claim

Legal Description:

1	3
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1	1
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1	0
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		2	0	0
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T R Section Sub-Section Tax Lot

Date Acquired 19/10/87 Current Zoning TC Zoning on Date Acquired TC

Legal Description:

1	3
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1	1
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1	0
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		1	8	0	0
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T R Section Sub-Section Tax Lot

Date Acquired 11/10/87 Current Zoning TC Zoning on Date Acquired TC

Legal Description:

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T R Section Sub-Section Tax Lot

Date Acquired _____ Current Zoning _____ Zoning on Date Acquired _____

Legal Description:

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T R Section Sub-Section Tax Lot

Have you filed any previous claims for compensation for this property with Lincoln County or the State of Oregon? Yes No

If yes, please describe the claim filed and status and/or disposition of the claim.

Signature of Owner(s) or authorized Agent:

All owners with an interest in the subject property or their duly authorized agent must sign

By signing below, I am certifying that the information contained in and attached to this form is accurate and complete.

Charles M. Battles
 Claimant Owner's Signature (Required)
Charles Battles Esther M. Battles
 Print Name

Mike C. Battles
 Other Owner(s) / Agent Signature
Mike C. Battles
 Print Name
6/2/05
 Date

6/1/05
 Date