



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: 9/22/2005 Case File Number: 22-LURCC-05-967 Staff Initials: _____
 Fee: 0 Current Zoning: AC Comp. Plan: _____ Prev. Action: _____
 Receipt #: N/A Violation: _____ Assigned Staff Member: _____

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

Claimant Property Owners

Claimant Property Owners: Howard Robert & Carol
 Last First Middle
 Mailing Address: 131 NW 20th Suite D
 City: Newport State: OR Zip: 97365
 Phone Number: (541) 336-2565

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: Carstens Kurt
 Last First Middle
 Mailing Address: PO Box 1730
 City: Newport State: OR Zip: 97365
 Phone Number: (541) 265 - 8670



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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	0
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1	0
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2	9
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3	0
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3	0	1		
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T R Section & ~~Sub~~-Section Tax Lot

Date Acquired 12-16-69 Current Zoning AC Zoning on Date Acquired None

Legal Description:

1	0
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1	0
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2	9
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3	0
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3	0	4		
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T R Section Sub-Section Tax Lot

Date Acquired 12-16-69 Current Zoning AC Zoning on Date Acquired None

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.

Applicant is filing a Measure 37 Claim concurrently with the State of Oregon.

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.

<p><u><i>Robert V. Howard</i></u> Claimant Owner's Signature (Required)</p> <p><u>ROBERT V. HOWARD</u> Print Name</p> <p><u>8-15-05</u> Date</p>	<p><u><i>Carol M Howard</i></u> Other Owner(s) / Agent Signature</p> <p><u>CAROL M HOWARD</u> Print Name</p> <p><u>8-15-05</u> Date</p>
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