



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: 1/4/05 Case File Number: G.LURCC-05-20 Staff Initials: MS
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: MORRILL, STEVE
Last First Middle
Mailing Address: PO Box 1629
City: WALDPORT State: OR Zip: 97394
Phone Number: (541) 563-3355

Other Property Owners

Please list all owners other than claimants with an interest in the property.
Other Property Owner: UNKNOWN - SEE ATTACHED
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:
Last First Middle

Mailing Address:
City: State: Zip:
Phone Number: ( ) -



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LAND USE REGULATION COMPENSATION CLAIM

TO BE COMPLETED BY APPLICANT

Property Description

SEE ATTACHED

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

Legal Description: 13 11 19 200
Date Acquired: 7/25/90 Current Zoning: TC Zoning on Date Acquired: TC

Legal Description: T R Section Sub-Section Tax Lot
Date Acquired Current Zoning Zoning on Date Acquired

Legal Description: T R Section Sub-Section Tax Lot
Date Acquired Current Zoning Zoning on Date Acquired

Legal Description: 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

SEE ATTACHED

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.

Claimant Owner's Signature (Required) STEVE MORRILL
1-3-05
Date

Other Owner(s) / Agent Signature
Print Name
Date