



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: 5-27-05 Case File Number: B.LURCC-05-588 Staff Initials: _____
 Fee: 0 Current Zoning: Tc Comp. Plan: _____ Prev. Action: _____
 Receipt #: _____ Violation: _____ Assigned Staff Member: _____

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

Claimant Property Owners

Claimant Property Owners: Scheinberg Samuel and Cheryl
Last First Middle
 Mailing Address: P.O. Box 419
 City: Neotsu State: OR Zip: 97364
 Phone Number: (541) 867 - 4726

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: Chambers Joan M
Last First Middle
 Mailing Address: 4488 NE Devils Lake Blvd.
 City: Lincoln City State: OR Zip: 97367
 Phone Number: (541) 996-2195



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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:

	6	1	1	3	6	0	0		9	0	0
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T R Section Sub-Section Tax Lot

Date Acquired 5/1/75 Current Zoning TC Zoning on Date Acquired A2

Legal Description:

	6	1	1	3	6	0	0		1	1	0	2
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T R Section Sub-Section Tax Lot

Date Acquired 3/26/80 Current Zoning TC Zoning on Date Acquired A2

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.
A claim is being filed contemporaneously 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.

Claimant Owner's Signature (Required)

Print Name

Date

Other Owner(s) / Agent Signature
Joan M. Chambers

Print Name
3-15-05

Date