



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: 5/23/05 Case File Number: 12-LURE-05-550 Staff Initials: MS
 Fee: A-C Current Zoning: A-C Comp. Plan: Ay Prev. Action: _____
 Receipt #: _____ Violation: _____ Assigned Staff Member: _____

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

Claimant Property Owners JUDITH MAY (WIFE)
 Claimant Property Owners: WIERE NEWMAN LAURENCE
 Last First Middle
 Mailing Address: 9466 YACHATS RIDGE RD
 City: YACHATS State: ORE Zip: 97498
 Phone Number: (541) 517-3516

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: _____ 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

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

Legal Description:

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T R Section Sub-Section Tax Lot

Date Acquired 12/31/76 Current Zoning A-C80 Zoning on Date Acquired A-1

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

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.

NORM L WIEBE
Claimant Owner's Signature (Required)

NORM L WIEBE
Print Name

4-28-2005
Date

Judith M. Wiebe
Other Owner(s) / Agent Signature

Other Owner(s) / Agent Signature

Print Name

Date