



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: 1/4/2006 Case File Number: 01-LURCC-06-14 Staff Initials: NB
 Fee: N/A Current Zoning: TC 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: MURRAY, Joseph A. and Charlotte E.
Last First Middle
 Mailing Address: P.O. Box 352
 City: Yachats State: OR. Zip: 97498-0352
 Phone Number: (541) 547-3921

Other Property Owners

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

Other Property Owner: None
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: None
Last First Middle
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: () -



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: 12 11 32 EWSA
1/4/1/4 12800

Date Acquired: May 5, 1971 Current Zoning: TC Zoning on Date Acquired: None

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

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

M37 claim will be filed 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.

Joseph A. Murray
 Claimant Owner's Signature (Required)

Charlotte E. Murray
 Other Owner(s) / Agent Signature
Charlotte E. MURRAY

Print Name: Joseph A. MURRAY
 Date: 3 JANUARY 2006

Print Name: _____
 Date: January 3, 2006