



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: 7/14/2006 Case File Number: 08-LURCC-06-807
 Fee: _____ Current Zoning: _____ Comp. Plan: _____
 Receipt #: _____ Violation: _____ Assigned Staff Member: _____



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

Claimant Property Owners

Claimant Property Owners: Palmer John E.
 Last First Middle
 Mailing Address: 12319 Logsdan Rd. P.O. Box 34
 City: Logsdan State: OR Zip: 97357
 Phone Number: (541) 444-7537

Other Property Owners

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

Other Property Owner: Palmer Becky L.
 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: Hamilton, Gary C.
 Last First Middle
 Mailing Address: P.O. 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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0	8
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0	6
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0	0	4	0	6
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T R Section Sub-Section Tax Lot

Date Acquired Aug 1992 Current Zoning TC-80 ^{AC 80} Zoning on Date Acquired AC-40

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.

SEE ATTACHED TO COMPLETE CLAIM FORM

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)	Other Owner(s) / Agent Signature
Print Name	Gary C. Hamilton
Date	Date