



LAND USE REGULATION COMPENSATION CLAIM

TO BE COMPLETED BY STAFF

Date Received: _____ Case File Number: 100 LURCC 06-1326 Staff Initials: _____
 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: Gibson Dustinn L.
 Last First Middle
 Mailing Address: P.O. Box 245
 City: Siletz State: OR Zip: 97380
 Phone Number: (541) 444 - 2292

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: Hamilton Gary C.
 Last First Middle
 Mailing Address: P.O. Box 1730; 407 N. Coast Hwy
 City: Newport State: OR Zip: 97365
 Phone Number: (541) 265 - 8670



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:

0	9
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0	9
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3	3
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0	0
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0	0	5	0	4
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Date Acquired 12/14/1977 ^T Current Zoning AC ^R Section Zoning on Date Acquired A2 ^{Sub-Section} Tax Lot

Legal Description:

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Date Acquired _____ ^T Current Zoning _____ ^R Section Zoning on Date Acquired _____ ^{Sub-Section} Tax Lot

Legal Description:

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Date Acquired _____ ^T Current Zoning _____ ^R Section Zoning on Date Acquired _____ ^{Sub-Section} Tax Lot

Legal Description:

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Date Acquired _____ ^T Current Zoning _____ ^R Section Zoning on Date Acquired _____ ^{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.

Simultaneously filing State of Oregon Measure 37 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.

 Claimant Owner's Signature (Required)

 Print Name

 Date



 Other Owner(s) / Agent Signature

Gary C. Hamilton

 Print Name

11-30-2006
 Date