



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: Case File Number: 103.LURCC-06-1329 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: STIMSON LUMBER COMPANY
Last First Middle
Mailing Address: 520 SW YORKHILL #700
City: PORTLAND State: OR Zip: 97204-1330
Phone Number: (503) 222-1010

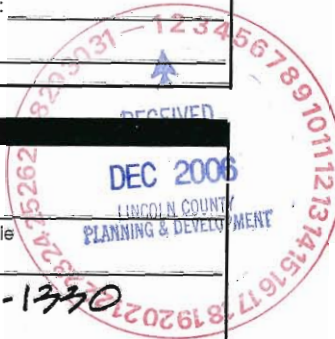
Other Property Owners

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: ()

Agent

Name of Agent: W & H PACIFIC
Last First Middle
Mailing Address: 9755 SW BURNES ROAD
City: PORTLAND State: OR Zip: 97225
Phone Number: (503) 626-0455





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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	9			1000
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T R Section Sub-Section Tax Lot
 Date Acquired 1/26/87 Current Zoning TC Zoning on Date Acquired TC

Legal Description:

6	9			1200
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T R Section Sub-Section Tax Lot
 Date Acquired 1/26/81 Current Zoning TC Zoning on Date Acquired TC

Legal Description:

6	9			1201
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T R Section Sub-Section Tax Lot
 Date Acquired 1/26/87 Current Zoning TC Zoning on Date Acquired TC

Legal Description:

6	9			1202
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T R Section Sub-Section Tax Lot

ALSO

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.

6	9	27	300	
6	9	24	400	TC
6	9		1100	

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.

Andrew W. Miller PRESIDENT & CEO STIMSON LBR. Co.

Claimant Owner's Signature (Required) Other Owner(s) / Agent Signature

Andrew W. Miller Print Name

10/13/06 Date