



LAND USE REGULATION COMPENSATION CLAIM

TO BE COMPLETED BY STAFF

Date Received: _____ Case File Number: 109-LURCC-06-1335 Staff Initials: [Signature]
 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: Dimick Kenneth M.
 Chaimov Anne A.
 Last First Middle
 c/o 1300 SW Fifth Ave, Ste 2300
 Mailing Address: _____
 City: Portland State: Oregon Zip: 97204
 Phone Number: (503) 778 - 5305

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: Zupancic James D.
 Last First Middle
 1300 SW Fifth Ave, Ste 2300
 Mailing Address: _____
 City: Portland State: Oregon Zip: 97204
 Phone Number: (503) 778 - 5305



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 8 1 1 3 2 3 0 1

T R Section Sub-Section Tax Lot

Date Acquired 12/11/67 Current Zoning PF 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.

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)
 Kenneth M. Dimick

 Print Name

 Date

 Other Owner(s) / Agent Signature
 Anne A. Chaimov

 Print Name

 Date



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	8
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1	1
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3	2
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3	0	1		
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Date Acquired 12/11/67 T R Section Sub-Section Tax Lot
 Current Zoning PF Zoning on Date Acquired None

Legal Description:

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

Legal Description:

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

Legal Description:

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

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. Yes No

Concurrently with the filing of this claim, claimants are filing a claim with the State of Oregon for the same property; however, there has been no previous 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
James D. Lupanac

 Print Name
 James D. Lupanac, POA

 Date
 11-30-06