



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: 9/20/2006 Case File Number: 11-LURCC-06-1060 Staff Initials: MB
Fee: NP 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: TSON Debra Ann
Last First Middle
Mailing Address: 613 Yasek Loop
City: Toledo State: OREGON Zip: 97391
Phone Number: (541) 336 - 5162

Other Property Owners

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

Other Property Owner: Skauge Robert T. Loyd
Last First Middle
Mailing Address: 153 NW Willow Ct.
City: Siletz State: OREGON Zip: 97380
Phone Number: (541) 444 - 1035

Other Property Owner: n/a
Last First Middle
Mailing Address:
City: State: Zip:
Phone Number: () -

Other Property Owner: n/a
Last First Middle
Mailing Address:
City: State: Zip:
Phone Number: () -

Agent

Name of Agent: Hamilton Gary C.
Last First Middle
Mailing Address: 407 N. Coast Hwy
City: Newport, State: Oregon 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:

1	0
---	---

1	0
---	---

3	0
---	---

0	0
---	---

0	1	2	0	1
---	---	---	---	---

T R Section Sub-Section Tax Lot

Date Acquired 3/31/1960 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

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. Yes No

Simultaneously we will be filing the State 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.

Debra Ann Ison

Claimant Owner's Signature (Required)
Debra Ann Ison

Print Name
Debra Ann Ison

Date

Gary C. Hamilton

Other Owner(s) / Agent Signature

Gary C. Hamilton

Print Name

6-27-06

Date