



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: 112-LURCC-06-1338 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: Coates, Betty
 Last First Middle
 Mailing Address: P.O. Box 16
 City: Logsden State: OR Zip: 97357
 Phone Number: (541) 444 - 2224

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: Bartoldus, Dennis L.
 Last First Middle
 Mailing Address: P.O. Box 1510
 City: Newport State: OR Zip: 97365
 Phone Number: (541) 265 - 5400



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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2	8
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0	0
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0	0	2	0	2
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T R Section Sub-Section Tax Lot

Date Acquired Feb. 1969 Current Zoning AC Zoning on Date Acquired None

Legal Description:

0	9
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0	9
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2	9
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0	0
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0	1	2	0	0
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T R Section Sub-Section Tax Lot

Date Acquired Nov. 1956 Current Zoning AC Zoning on Date Acquired None

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.

However, a simultaneous claim is being filed with the State of Oregon.

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.

Betty Coates
 Claimant Owner's Signature (Required)
 Betty Coates
 Print Name
April 28, 2006
 Date

Dennis L. Bartoldus
 Other Owner(s)/ Agent Signature
 Dennis L. Bartoldus
 Print Name
November 30, 2006
 Date