



# 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: 113-LURCC-06- Staff Initials: \_\_\_\_\_  
 Fee: \_\_\_\_\_ Current Zoning: \_\_\_\_\_ Comp. Plan: 1339 Prev. Action: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_ Violation: \_\_\_\_\_ Assigned Staff Member: \_\_\_\_\_



### TO BE COMPLETED BY CLAIMANT / OTHER OWNER(S) / AGENT

#### Claimant Property Owners

Claimant Property Owners: Lowe, Carol  
 Last First Middle  
 Mailing Address: P.O. Box 15  
 City: Logsdon State: OR Zip: 97357  
 Phone Number: ( 541 ) 444-2399

#### Other Property Owners Claimant

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

Other Property Owner: Lowe, Garry F.  
 Last First Middle  
 Mailing Address: 11555 N.E. Avery St.  
 City: Newport State: OR Zip: 97365  
 Phone Number: ( 541 ) 574 - 9212

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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3	2
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0	0
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0	0	1	0	1
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Date Acquired 12/31/79 T R Section Sub-Section Tax Lot  
 Current Zoning AC Zoning on Date Acquired A-1

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.

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

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**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.

*Carol Lowe*

Claimant Owner's Signature (Required)

Carol Lowe

*Garry F. Lowe*

Other Owner(s) / Agent Signature

Garry F. Lowe

Print Name CAROL LOWE Date 4/28/06

Print Name \_\_\_\_\_ Date 4/28/06

Date Dennis S. Buntolden, Attorney/Agent Date 11/29/00