



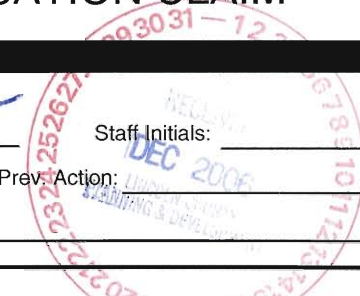
Lincoln County Department of Planning & Development

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: 15-LURCC-06- Staff Initials: _____
 Fee: _____ Current Zoning: _____ Comp. Plan: 1341 Prev. Action: _____
 Receipt #: _____ Violation: _____ Assigned Staff Member: _____



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

Claimant Property Owners

Claimant Property Owners: Tryon, Lucille M.
 Last First Middle
 Mailing Address: 4646 E. Alsea Highway
 City: Waldport State: OR Zip: 97394
 Phone Number: () -

Other Property Owners

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

Other Property Owner: N/A
 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 -



Lincoln County Department of Planning & Development

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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:

1	3	1	1	2	6					5	0	3
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T R Section Sub-Section Tax Lot
Date Acquired 6/18/74 Current Zoning TC Zoning on Date Acquired None

Legal Description:

1	3	1	1	2	6	B	D			1	3	0	0
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T R Section Sub-Section Tax Lot
Date Acquired 6/18/74 Current Zoning RR-5 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 claim is also being filed simultaneously 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.

Lucille M. Tryon
Claimant Owner's Signature (Required)
Lucille M. Tryon

Dennis L. Bartoldus
Other Owner(s) / Agent Signature
Dennis L. Bartoldus

Print Name

Print Name

Date 10-16-06

Date 11-30-06