



**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: 124-LURCC-06 Staff Initials: \_\_\_\_\_  
 Fee: \_\_\_\_\_ Current Zoning: \_\_\_\_\_ Comp. Plan: 1350 Prev. Action: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_ Violation: \_\_\_\_\_ Assigned Staff Member: \_\_\_\_\_



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

**Claimant Property Owners**

Claimant Property Owners: Pyle Katherine L.  
 Last First Middle  
 Mailing Address: 2209 McGee Avenue  
 City: Berkley State: CA Zip: 94703  
 Phone Number: (510) 843 - 1657

**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: Moore Brian G.  
 Last First Middle  
 Mailing Address: PO Box 470  
 City: Salem, State: OR Zip: 97308  
 Phone Number: (503) 399 - 1070



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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: 

0	9	1	1	0	8			0	0	5	0	0
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 T R Section Sub-Section Tax Lot  
 Date Acquired 8/16/91 Current Zoning R-2 Zoning on Date Acquired R-2

Legal Description: 

0	9	1	1	0	8			0	0	6	0	0
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 T R Section Sub-Section Tax Lot  
 Date Acquired 8/16/91 Current Zoning R-2 Zoning on Date Acquired R-2

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.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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.

Katherine L. Pyle  
 Claimant Owner's Signature (Required)  
 Katherine L. Pyle  
 Print Name  
Nov 27, 2006  
 Date

Brian G. Moore  
 Other Owner(s) / Agent Signature  
 Brian G. Moore  
 Print Name  
12/1/06  
 Date