



Lincoln County Department of Planning & Development
 210 SW 2nd Street, Newport, OR 97365
 Phone (541) 285-4192 Fax (541) 285-8945

LAND USE REGULATION COMPENSATION CLAIM

Date Received: 12/1/06 Case File Number: 128-LURCC-06-1354 Staff Initials: RB
 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: MITCHELL JEFFREY JAMES AND CYNTHIA LOUISE, TRUSTEES
 Last First Middle
 Mailing Address: 1991 NE PAX PLACE
 City: CORVALLIS State: OREGON Zip: (97330
 Phone Number: (541) 738 - 2529

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

Other Property Owner: WILLIAMS GEOFFREY LAWFORD AND LINDA KATHLEEN, TRUSTEES
 Last First Middle
 Mailing Address: C/O 1551 C/O 1911 NE PAX PLACE
 City: CORVALLIS State: OR Zip: 97330
 Phone Number: (541) 738-2529 (sister)
(415)

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: _____
 Last First Middle
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: () -



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: 11 018 03 00 00500

Date Acquired 6/14/1998 Current Zoning FC, A-C Section Sub-Section Tax Lot Zoning on Date Acquired A-1 (five acre minimum)

Legal Description:

Date Acquired Current Zoning Section Sub-Section Tax Lot Zoning on Date Acquired

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Date Acquired Current Zoning Section Sub-Section Tax Lot 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.

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.

Jeffrey J. Mitchell
 Claimant Owner's Signature (Required)
Jeffrey J. Mitchell
 Print Name
Nov. 27, 2006
 Date

Geoffrey L. Williams
 Other Owner(s) / Agent Signature.
GEOFFREY L. WILLIAMS
 Print Name
Nov. 27, 2006
 Date

Cynthia L. Mitchell 11/29/06