



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: 9/29/2006 Case File Number: 14-LURCC-06 Staff Initials: MB
Fee: N/A 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: Wischnofsky Kathy
Last First Middle
Mailing Address: POB 32
City: Blodgett State: OR Zip: 97326
Phone Number: (none) -

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:
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:

1	0
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0	8
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1	6
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0	0	6	0	0
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 Date Acquired 16 March 95 Current Zoning R Zoning on Date Acquired TC

Legal Description:

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 Date Acquired _____ Current Zoning _____ Zoning on Date Acquired _____

Legal Description:

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 Date Acquired _____ Current Zoning _____ Zoning on Date Acquired _____

Legal Description:

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 Date Acquired _____ 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.
concurrent filing with 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.

Kathy Wischnetske
 Claimant Owner's Signature (Required)
Kathy Wischnetske
 Print Name
28 Sept 06
 Date

Other Owner(s) / Agent Signature

 Print Name

 Date
