



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: 12/4/06 Case File Number: 145-LUREC-06 - 1313 Staff Initials: MB
 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: Phillips Sean Rosley
Last First Middle
 Mailing Address: P.O. Box 2337
 City: Newport State: OR Zip: 97365
 Phone Number: (541) 265-8733



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

Other Property Owner: Phillips Julie Ann
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: () -



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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:

11	10	06	DC	1000
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Date Acquired 10/8/04 Current Zoning TC 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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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.

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.

Sean R Phillips
Claimant Owner's Signature (Required)
Sean R Phillips
Print Name

Julie A Phillips
Other Owner(s) / Agent Signature
Julie A Phillips
Print Name