



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: 147-LURCC-06-1375 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: FOLEY ROBERT & JANICE
Last First Middle
Mailing Address: 6889 EIK CITY RD.
City: Toledo State: OR Zip: 97391
Phone Number: (541) 875-2375

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: () -



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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	1
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1	0
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2	2
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0	0
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0	0	4	0	0
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T R Section Sub-Section Tax Lot

Date Acquired 4-11-50 Current Zoning AC 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

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.

Robert F. Foley
 Claimant Owner's Signature (Required)

Robert F. Foley
 Print Name

12-4-06
 Date

Janice L. Foley
 Other Owner(s) / Agent Signature

Janice L. Foley
 Print Name

12-4-06
 Date