



**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: 148-LURCC-06-1376 Staff Initials: NB  
 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: Whitney Le Roy  
 Last First Middle  
 Mailing Address: 3819 YAGUINA Bny Rd  
 City: Newport State: ore Zip: 97365  
 Phone Number: (541) 265-2698

**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: 

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T R Section Sub-Section Tax Lot

Date Acquired 5-4-87 Current Zoning RR2 Zoning on Date Acquired RR1-2

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

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.

State 12-4-06 -

### 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.

*LeRoy Whitney*  
Claimant Owner's Signature (Required)

Other Owner(s) / Agent Signature

Print Name

Print Name