



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: 10/26/2006 Case File Number: 16-LURCC-06-1171 Staff Initials: NB
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
Hall Lester, Trustee of Lester Hall Trust (a revocable trust)

Claimant Property Owners: _____
Last First Middle
Mailing Address: PO Box 7662
City: Yachats OR State: _____ Zip: 97498
Phone Number: (541) 547 - 3480

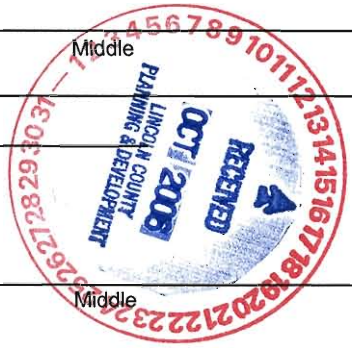
Other Property Owners
Please list all owners other than claimants with an interest in the property

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: Pavitt Land Use Consulting, LLC
Last First Middle
Mailing Address: PO Box 5
City: Newport OR State: _____ Zip: 97365
Phone Number: (541) 265 - 4452





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	4
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1	1
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3	3
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3	0	0		
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Date Acquired 1945 T R Section Sub-Section Tax Lot
 Current Zoning AC Zoning on Date Acquired none

Legal Description:

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Date Acquired _____ T R Section Sub-Section Tax Lot
 Current Zoning _____ Zoning on Date Acquired _____

Legal Description:

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Date Acquired _____ T R Section Sub-Section Tax Lot
 Current Zoning _____ Zoning on Date Acquired _____

Legal Description:

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Date Acquired _____ T R Section Sub-Section Tax Lot
 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.

State of Oregon M37 claim filed concurrently with this 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.

<p><u>Lester Hall</u> Claimant Owner's Signature (Required) <u>Lester Hall</u> Print Name <u>10-13-06</u> Date</p>	<p><u>Dawn Savitt</u> Other Owner(s) / Agent Signature <u>Dawn Savitt</u> Print Name <u>10-13-06</u> Date</p>
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