



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: 11/21/2006 Case File Number: 21-LURCC-06-1229 Staff Initials: MB
 Fee: NA 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: Loomis David A.
 Last First Middle
 Mailing Address: 459 Pioneer Mountain Loop
 City: Toledo State: OR Zip: 97391
 Phone Number: (541) 336 - 2994

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 State: OR 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	0
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1	0
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2	7
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0	0
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0	1	8	0	8
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T R Section Sub-Section Tax Lot
 Date Acquired March 1, 1974 Current Zoning TC 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
 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.

Filed concurrently with the state.

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><i>David A. Loomis</i></p> <hr/> <p>Claimant Owner's Signature (Required)</p> <p>DAVID A. LOOMIS</p> <hr/> <p>Print Name</p> <p>11-14-06</p> <hr/> <p>Date</p>	<p><i>Dawn Paritt</i></p> <hr/> <p>Other Owner(s) / Agent Signature</p> <p>Dawn Paritt, Paritt Land Use Cons LLC</p> <hr/> <p>Print Name</p> <p>11-14-06</p> <hr/> <p>Date</p>
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