



# 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: 11/21/06 Case File Number: 24-LURCC-06-1227 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: Beck John Wilson  
 Last First Middle  
 Mailing Address: P.O. Box 846  
 City: Canby State: OR Zip: 97013  
 Phone Number: ( 503 ) 266 - 3161

#### Other Property Owners

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

Other Property Owner: Beck Nadine J.  
 Last First Middle  
 Mailing Address: P.O. Box 846  
 City: Canby State: OR Zip: 97013  
 Phone Number: ( 503 ) 266 - 3161

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: Hamilton Gary C.  
 Last First Middle  
 Mailing Address: P.O. Box 1730; 407 N. Coast Hwy  
 City: Newport State: OR Zip: 97365  
 Phone Number: ( 541 ) 265 - 8670



## 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	3	1	0	3	6	0	0	0	0	9	0	0
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 T R Section Sub-Section Tax Lot  
 Date Acquired 4/25/1961 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.

Yes No

Simultaneously filing State of Oregon Measure 37 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.

\_\_\_\_\_  
 Claimant Owner's Signature (Required)  
 \_\_\_\_\_  
 Print Name  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Other Owner(s) / Agent Signature  
 Gary C. Hamilton  
 \_\_\_\_\_  
 Print Name  
 \_\_\_\_\_  
 Date  
11-20-06