



## LAND USE REGULATION COMPENSATION CLAIM

**TO BE COMPLETED BY STAFF**

Date Received: 11/29/2006 Case File Number: 30-LUREC-06-1253 Staff Initials: NB  
 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: Steenkolk Joseph J. and Janyce  
 Last First Middle  
 Mailing Address: 184 Salado Road  
 City: Eddyville OR 97343 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: ( 541 ) 875 - 1541

**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 97365 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 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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3	2
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0	0
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0	0	9	0	0
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Date Acquired 9/15/1969 <sup>T</sup> Current Zoning TC <sup>R</sup> Section Zoning on Date Acquired none <sup>Sub-Section</sup> Tax Lot

Legal Description: 

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Date Acquired \_\_\_\_\_ <sup>T</sup> Current Zoning \_\_\_\_\_ <sup>R</sup> Section Zoning on Date Acquired \_\_\_\_\_ <sup>Sub-Section</sup> Tax Lot

Legal Description: 

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Date Acquired \_\_\_\_\_ <sup>T</sup> Current Zoning \_\_\_\_\_ <sup>R</sup> Section Zoning on Date Acquired \_\_\_\_\_ <sup>Sub-Section</sup> Tax Lot

Legal Description: 

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Date Acquired \_\_\_\_\_ <sup>T</sup> Current Zoning \_\_\_\_\_ <sup>R</sup> Section Zoning on Date Acquired \_\_\_\_\_ <sup>Sub-Section</sup> 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.

A claim is being filed simultaneously with the State of Oregon.

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**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></p> <p>Claimant Owner's Signature (Required)</p> <p><u>Joseph S Steenkolk</u></p> <p>Print Name</p> <p><u>11-22-06</u></p> <p>Date</p>	<p></p> <p>Other Owner(s) / Agent Signature</p> <p><u>JANYCE STEENKOLK</u></p> <p>Print Name</p> <p><u>11-22-06</u></p> <p>Date</p>
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0	0	9	0	0
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T                      R                      Section                      Sub-Section                      Tax Lot

Date Acquired 9/15/1969      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

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

A claim is being filed simultaneously with the State of Oregon.

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**Signature of Owner(s) or authorized Agent:**

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By signing below, I am certifying that the information contained in and attached to this form is accurate and complete.

Janyce Steenke  
 Claimant Owner's Signature (Required)  
JANYCE STEENKE  
 Print Name  
11-22-06  
 Date

Dawn Pavitt / Pavitt Land Use Cons. LLC  
 Other Owner(s) / Agent Signature  
Dawn Pavitt / Pavitt Land Use Cons. LLC  
 Print Name  
11/21/06  
 Date