



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: 11/30/06 Case File Number: 94-LURCC-06-1386 Staff Initials: MB
 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: HARRINGTON MICHAEL
Last First Middle
 Mailing Address: 233 NW GILBERT WAY
 City: NEWPORT State: OR Zip: 97365
 Phone Number: (541) 270-3332

Other Property Owners

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

Other Property Owner: HARRINGTON JOHANNA
Last First Middle
 Mailing Address: 233 NW GILBERT WAY
 City: NEWPORT State: OR Zip: 97365
 Phone Number: (541) 270-5776

Other Property Owner: TOWNE CINDY
Last First Middle
 Mailing Address: 660 SE ATWOOD
 City: CORVALLIS State: OR Zip: 97333
 Phone Number: () -

Other Property Owner: TOWNE FREDERICK
Last First Middle
 Mailing Address: 660 SE ATWOOD
 City: CORVALLIS State: OR Zip: 97333
 Phone Number: (541) 758-2846

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:

10	9	34		9801
T	R	Section	Sub-Section	Tax Lot

Date Acquired _____ Current Zoning _____ Zoning on Date Acquired _____

Legal Description:

10	9	34		9802
T	R	Section	Sub-Section	Tax Lot

Date Acquired 10/25/90 Current Zoning IC Zoning on Date Acquired NONE

Legal Description:

T	R	Section	Sub-Section	Tax Lot

Date Acquired _____ Current Zoning _____ Zoning on Date Acquired _____

Legal Description:

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.

FILED CONCURRENTLY WITH STATE OF OREGON
WAITING FOR DISPOSITION

Frederick Towne
Michael Harrington 11/30/06

Cindy J. Towne
Cindy J. Towne 11/30/06

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.

Michael Harrington
Claimant Owner's Signature (Required)
Michael Harrington
Print Name
11/27/06
Date

Johanna Harrington
Other Owner(s) / Agent Signature
JOHANNA HARRINGTON
Print Name
11/30/06
Date