



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: 12/1/2006 Case File Number: 95-LURCC-06-1321 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: Lematta Vivian  
Last First Middle  
Mailing Address: 2906 Northern Dancer Drive  
City: Churchville State: MD Zip: 21028  
Phone Number: ( 410 ) 734 - 7305

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: Grant Gene  
Last First Middle  
Mailing Address: 1300 SW Fifth Ave., Suite 2300  
City: Portland State: OR Zip: 97201  
Phone Number: ( 503 ) 241 - 2300





## 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: 

0	6
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1	0
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2	9
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3	0	0		
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 T R Section Sub-Section Tax Lot

Date Acquired 3/4/39 Current Zoning T-C/A-C Zoning on Date Acquired None

Legal Description: 

0	6
---	---

1	0
---	---

2	9
---	---

C	
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7	0	0		
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 T R Section Sub-Section Tax Lot

Date Acquired 3/4/39 Current Zoning T-C/RR-5 Zoning on Date Acquired None

Legal Description: 

0	6
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1	0
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3	0
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8	0	0		
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 T R Section Sub-Section Tax Lot

Date Acquired 3/4/39 Current Zoning A-C/RR-5 Zoning on Date Acquired None  
/C-1

Legal Description: 

0	6
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1	0
---	---

3	0
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8	0	1		
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 T R Section Sub-Section Tax Lot

Date Acquired: 3/4/39 Current Zoning: T-C/C-1 Zoning on Date Acquired: None

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

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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.

Vivian M. Lematta  
 Claimant Owner's Signature (Required)

VIVIAN M. LEMATTA

Print Name  
11/28/06  
 Date

Eugene K. Grant  
 Other Owner(s) / Agent Signature

Eugene K. Grant

Print Name  
11/30/06  
 Date