



LAND USE REGULATION COMPENSATION CLAIM

TO BE COMPLETED BY STAFF

Date Received: 12-1-66 Case File Number: 97 LURCC 06-1323 Staff Initials: SM
 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: Thissell Lois
 Last First Middle
 Mailing Address: 17049 Alsea Hwy
 City: Tidewater State: OR Zip: 97390
 Phone Number: (541) 528 - 3162

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

Other Property Owner: N/A
 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: 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	4
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0	9
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0	6
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0	0
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0	0	7	0	0
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 T R Section Sub-Section Tax Lot
 Date Acquired 10/16/1954 Current Zoning AC Zoning on Date Acquired None

Legal Description:

1	4
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0	9
---	---

0	6
---	---

0	0
---	---

0	0	3	0	0
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 T R Section Sub-Section Tax Lot
 Date Acquired 1/18/1954 Current Zoning AC Zoning on Date Acquired None

Legal Description:

1	4
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0	9
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0	6
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0	0	5	0	0
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 T R Section Sub-Section Tax Lot
 Date Acquired 1/18/1954 Current Zoning TC Zoning on Date Acquired None

Legal Description:

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 T R Section Sub-Section Tax Lot

SEE ATTACHMENT 1 FOR CONTINUATION OF PROPERTY DESCRIPTION

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.

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



 Gary C. Hamilton Other Owner(s) / Agent Signature

 Print Name
12-1-2006

 Date

Attachment 1

Property Description (cont.)

Legal Description: 14-09-06-00-00501

Date Acquired: 1/18/1954 Current Zoning: TC/AC Zoning on date acquired: None

Legal Description: 14-09-06-00-00502

Date Acquired: 1/18/1954 Current Zoning: AC/TC Zoning on date acquired: None