

CITY OF CANNON BEACH
DEMAND FOR COMPENSATION APPLICATION

Please fill out this form completely. Please type or print.

Applicant Name: _____

Mailing Address: _____

Telephone: _____

Property-Owner Name: _____

(If other than applicant)

Mailing Address: _____

Telephone: _____

Property Location: _____

(Street address)

Map No.: _____ Tax Lot No.: _____

DEMAND FOR COMPENSATION REQUEST:

1. Please identify which of the actions you want the City to take:

- Compensation
- Regulation Waiver (Remove, modify, or do not apply the regulation)

2. For requests for compensation, please identify the monetary payment sought.

3. For a waiver request, please describe the specific regulation(s) from which a waiver is sought.

4. Additional information. To facilitate the City's review of the demand for compensation, it is recommended that information on the attached checklist be submitted with the application.



Applicant Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____

If the applicant is other than the owner, the owner hereby grants permission for the applicant to act on his/her behalf. Please attach the name, address, phone number, and signature of any additional property owners.

As Property Owner, my signature or an authorized applicant's signature, allows any duly authorized employee of the City to enter upon all properties affected by this permit for the purpose of follow-up inspection, observation, or measurement.

For Staff Use Only:

Received on: _____ By: _____