



CITY OF BEND

BALLOT MEASURE 49 CLAIM FORM COMMUNITY DEVELOPMENT DEPARTMENT

CITY OF BEND
710 NW WALL STREET
BEND, OR 97701

DISCLOSURE

PROCESSING FEE:

A fee in the amount of \$3,000 + \$500 per dwelling or lot/parcel + \$200 postage/notice fee + 4% administrative surcharge must be paid in advance of acceptance for filing of a Measure 49 claim to cover the costs of completeness review and claim processing.

- Demands may only be submitted by an Owner or an Authorized Agent of the Owner.
- Demands may only be submitted in person, by private carrier, by U.S. Postal Service Certified or by Registered Mail to:

**COMMUNITY DEVELOPMENT DEPARTMENT, CITY OF BEND,
710 NW WALL STREET, BEND, OR 97701**

- Only Original Signed Claims will be accepted. Claims submitted electronically or by facsimile, will not be accepted.
- Attach *separate sheets of paper* as needed, with reference to the appropriate *section number* from this form.
- Claim criteria/requirements may be found in Ballot Measure 49 and Bend Ordinance No. NS-2093.

Section 1

NAME AND CONTACT INFORMATION OF CLAIMANT/PROPERTY OWNER

Name of Claimant:	Day Time Phone #:	
Address:		
City:	State:	Zip:

Section 2

NAME AND CONTACT INFORMATION OF PERSON SUBMITTING CLAIM (AGENT) (IF DIFFERENT THAN IN SECTION 1)

Name of Agent:	Day Time Phone #:	
Address:		
City:	State:	Zip:
Must attach a written notarized statement signed by the owner(s) or a Power of Attorney giving authority to submit this claim. Attachment: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Section 3

NAMES AND CONTACT INFORMATION OF OTHERS WITH INTEREST IN THIS PROPERTY

Name:	Day Time Phone #:	
Describe interest in property:		
Address:		
City:	State:	Zip:

Name:	Day Time Phone #:	
Describe interest in property:		
Address:		
City:	State:	Zip:

Name:	Day Time Phone #:	
Describe interest in property:		
Address:		
City:	State:	Zip:

Section 4

PROPERTY FROM WHICH THE CLAIM DERIVES

Attachment if Applicable

Street Address: <i>if applicable</i>		City:	
County:		State:	Zip:
Tax Lot #:		County Tax Assessor's Map Reference # & Date:	
Township:			
Range:		Section:	
Other Legal Description Information:			

Section 5

EVIDENCE OF OWNERSHIP

The following is attached as proof of ownership: <small>(list all attachments)</small>	
Date of Acquisition of Property:	
Nature of Ownership of Property: <i>Attachment if Applicable</i> <input type="checkbox"/>	
Current Deed and Title Report Attached? <input type="checkbox"/>	

Section 6

DESIRED USE OF PROPERTY FOR RESIDENTIAL USE

(PLEASE INDICATE NUMBER OF DWELLINGS, LOTS OR PARCELS SOUGHT.)

Section 7

NATURE AND MANNER OF RESTRICTION

(CITE EACH AND EVERY LAND USE REGULATION ON WHICH THE CLAIM IS BASED AND INCLUDE EVIDENCE OR INFORMATION THAT DEMONSTRATES HOW THE LAND USE REGULATION RESTRICTED THE DESIRED USE.)

Land Use Regulation in effect at time property was acquired: Copy attached <input type="checkbox"/>	Describe how this Land Use Regulation allowed residential development that is not currently allowed.
Land Use Regulation that restricts the desired use: Copy attached <input type="checkbox"/>	Describe how this Land Use Regulation restricts the desired use of the subject property.
Land Use Regulation that restricts the desired use: Copy attached <input type="checkbox"/>	Describe how this Land Use Regulation restricts the desired use of the subject property.
Land Use Regulation that restricts the desired use: Copy attached <input type="checkbox"/>	Describe how this Land Use Regulation restricts the desired use of the subject property.
Please provide a statement explaining your understanding of what effect a waiver of the land use regulation(s) in question would have on the development potential of the subject property. Use additional pages if necessary.	

Section 8

DATE ON WHICH EACH CITED LAND USE REGULATION BEGAN TO APPLY TO SUBJECT PROPERTY.

(NOTE: MEASURE 49 ONLY APPLIES TO REGULATIONS ENACTED AFTER JANUARY 1, 2007.)

Land Use Regulation: Copy attached <input type="checkbox"/>	Effective Date:
Land Use Regulation: Copy attached <input type="checkbox"/>	Effective Date:
Land Use Regulation: Copy attached <input type="checkbox"/>	Effective Date:
Land Use Regulation: Copy attached <input type="checkbox"/>	Effective Date:

Section 9

AMOUNT OF REDUCTION IN FAIR MARKET VALUE FOR EACH REGULATION

Claim Amount:	Certified or Registered Appraiser:
<input type="checkbox"/> Attach appraisal(s) documenting that the reduction in the fair market value of the property caused by the enactment of one or more land use regulation(s) described in Sections 7 & 8 is equal to the decrease, if any, in the fair market value of the property on the date that is one year before the enactment of the land use regulation(s) to the date that is one year after the enactment, plus interest*. If the claim is based on the enactment of more than one land use regulation enacted on different dates, the reduction in the fair market value of the property caused by each regulation shall be determined separately and the values added together to calculate the total reduction in fair market value.	

Section 10

CONSENT TO SUBMIT CLAIM & AUTHORITY TO ENTER PROPERTY

(SIGNATURES OF ALL OWNERS REQUIRED.)

I/We Affix Our Signature(s) to this Form Consenting to this Claim and Granting Access to the Subject Property in ANY Manner or Form Deemed Appropriate by the City of Bend (at reasonable times) to examine the Property in Furtherance of the Processing or Handling of this Claim:

Printed Name:	Signature:
<i>Interest in Property:</i>	
Printed Name:	Signature:
<i>Interest in Property:</i>	
Printed Name:	Signature:
<i>Interest in Property:</i>	

Section 11

ATTACHMENTS

Title Report: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Appraisal(s) Yes <input type="checkbox"/> No <input type="checkbox"/>	Covenants, Conditions & Restrictions: Yes <input type="checkbox"/> No <input type="checkbox"/>
Affidavits: Yes <input type="checkbox"/> No <input type="checkbox"/>	Tax Map(s) Yes <input type="checkbox"/> No <input type="checkbox"/>	Tax Deferrals: Yes <input type="checkbox"/> No <input type="checkbox"/>	Tax Reductions: Yes <input type="checkbox"/> No <input type="checkbox"/>
Participating Federal Programs: Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Other Information:(Explain)	
Copies of all prior land use applications & decisions relating to the Property showing enforcement of the land use regulation(s) in question. <input type="checkbox"/>		Copy of all site plans or drawings showing the expected use of the property if the land use regulation is waived. <input type="checkbox"/>	
Application fee: \$_____00 <input type="checkbox"/>			

Section 12

Have you submitted a claim to another governmental entity regarding the property listed in this demand?
Yes Date: _____ To Whom: _____ No

Section 13

Provide a statement of the relief sought by this application:

I ATTEST THAT I HAVE FILLED OUT THIS FORM COMPLETELY AND THIS CLAIM IS TRUE AND CORRECT. (*Signatures of all parties preparing this form.*)

_____/_____/_____
Signature Date

_____/_____/_____
Signature Date

_____/_____/_____
Signature Date

NOTARY CERTIFICATE

State of Oregon

County of _____

Signed and sworn to before me on _____

By: _____

(Notary Public – State of Oregon)

My commission expires: _____