

# JACKSON COUNTY, OREGON

[AP-M37] rev. 09/14/05

*This application is used for review of Measure 37 claims as provided for by ORS Chapter 197*

## MEASURE 37 DEMAND

Submit to: **County Administrator's Office**  
10 S. Oakdale Ave., Room 214  
Medford OR 97501

**OFFICE USE ONLY**

File N<sup>o</sup> \_\_\_\_\_

App. Received by \_\_\_\_\_

Date Received \_\_\_\_\_

**NOTE:** The Claimant(s) must be all property owner(s) whose collective interests amount to fee simple title, their attorney, or agent duly authorized in writing. If a person other than the current property owner(s) is filing this claim, a notarized affidavit, letter of authorization or power of attorney must be submitted with this claim. For purposes of claim review, the Claimant Owner or Agent will be designated as the primary contact for purposes of communication, correspondence and notices pertaining to the claim.

*Please print in black ink, or type all information, except where a signature is required.*

### CLAIMANT PROPERTY OWNER(S):                      OTHER PROPERTY OWNER(S):

Please list **all** owners with an interest in the property, or the authorized representative if a corporation.

Name: _____	Name: _____
Mailing Address: _____	Mailing Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Daytime Phone: _____	Daytime Phone: _____

### AGENT:

An agent is not the Owner

Name or Names of Legal Owner(s) Jointly Filing Claim

Name: _____	Name: _____
Mailing Address: _____	Mailing Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Daytime Phone: _____	Daytime Phone: _____

**Property Description:** List all lots or parcels that are subject to this claim.

Township	Range	Section	Tax Lot	Acres	Date Acquired	Zone of Property On Date Acquired

**Property Address(es):** \_\_\_\_\_

**THE FOLLOWING ITEMS ARE REQUIRED IN ORDER TO COMPLETE A MEASURE 37 CLAIM. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT. ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. YOU MAY SUBMIT ADDITIONAL INFORMATION AS DESIRED INCLUDING COVER LETTERS, HOWEVER, THIS APPLICATION MUST BE COMPLETED IN FULL.**

**Attach a title report**, prepared by a title company, that verifies recorded interest in the property (for each tax lot) for which you are filing this claim.

The title report must include the earliest date for which you are claiming acquisition of the property, and verifies your continued interest in the property without interruption.

What do you believe is the lost (diminished) value of your property? \$ \_\_\_\_\_  
**Note:** *You must provide an estimate although an appraisal is not required by Jackson County unless the County offers compensation.*

Please state how the estimate of diminished value was determined: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which regulations, rules and/or laws do you believe have caused the diminished value of your property? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What were the zoning map and comprehensive plan designations on the date you acquired the property? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The County may choose to “not apply” various land use regulations if your claim is determined to be valid. You are entitled to “a use” under Measure 37. In order to provide as much assistance to you as possible if your claim is valid, please state as specifically as possible your desired use of the property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your request include plans for a land division?  YES  NO

If yes, please provide the following:

Number of existing lots \_\_\_\_\_

Total number of acres at present \_\_\_\_\_

Total number of proposed lots \_\_\_\_\_

Proposed lot sizes \_\_\_\_\_

Attach copies of all deeds or other records that document ownership and date of acquisition, including a copy of the last recorded deed for the subject property. This can be obtained from the County Recorder’s Office located on the second floor of the Courthouse Annex, Room 216A. A copy of the acquisition title report may be submitted to fulfill this requirement.

**Please Read and Initial the Statements Below:**

       I/We understand that, as claimant(s), I/we have the burden of proof and must submit clear and convincing evidence to demonstrate I/we are entitled to have a land use regulation modified, removed or not applied or, monetary compensation under Measure 37. The claim will not be forwarded to the Board of Commissioners for action until County staff have determined that all necessary information has been submitted.

       I/We understand that should my/our claim be determined to be invalid or denied by Jackson County, I/we shall be billed and are responsible for the County's actual costs incurred in reviewing and acting upon the claim. It is understood that the County Administrator is further authorized to initiate legal proceedings, using either County Counsel or other legal counsel, on behalf of the County to recover the County's costs for claims which have been declared invalid or denied. *[Board of Commissioners Ordinance No. 2005-2, effective April 17, 2005]*

       I/We understand any land use regulation modified, removed or not applied by Jackson County may include conditions of approval that may include, but not be limited to, filing a deed declaration regarding the means of obtaining a permit and the status of any use so permitted upon transfer of said use.

       I/We understand that a decision by Jackson County to modify, remove or not apply its local land development regulations does not relieve me/us of the responsibility of seeking a remedy from the State of Oregon if the local regulations modified, removed or not applied by the County are also contained in State law or administrative rules.

**NOTICE:**

**In recognition that all land-use planning authority of Jackson County derives from the laws and administrative rules of the State of Oregon, it is the policy of the County to advise individuals seeking a Measure 37 remedy, to file simultaneous claims against the State of Oregon in accordance with procedures established by law.**

I/WE, THE UNDERSIGNED OWNER(S) OR AUTHORIZED AGENT, AFFIRM BY MY/OUR SIGNATURE(S) THAT THE INFORMATION CONTAINED IN THE FOREGOING APPLICATION AND ASSOCIATED SUBMISSIONS IS TRUE AND CORRECT.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

***All Owner Signatures Must Be Notarized***

**CLAIMANT OWNER:**

Print Name	Signature
STATE OF OREGON            )	
) ss	
County of Jackson            )	

Signed or attested before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public for Oregon  
My Commission Expires: \_\_\_\_\_

**OTHER PROPERTY OWNER:**

Print Name	Signature
------------	-----------

STATE OF OREGON            )  
                                           ) ss  
 County of Jackson         )

Signed or attested before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
 \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public for Oregon  
 My Commission Expires: \_\_\_\_\_

\*\*\*\*\*

**OTHER PROPERTY OWNER:**

Print Name	Signature
------------	-----------

STATE OF OREGON            )  
                                           ) ss  
 County of Jackson         )

Signed or attested before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
 \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public for Oregon  
 My Commission Expires: \_\_\_\_\_

\*\*\*\*\*

**AGENT:**

Print Name	Signature
------------	-----------

STATE OF OREGON            )  
                                           ) ss  
 County of Jackson         )

Signed or attested before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
 \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public for Oregon  
 My Commission Expires: \_\_\_\_\_



**Administrator's Office**  
10 South Oakdale Ave., Room 214  
Medford OR 97501-2902

## LETTER OF AUTHORIZATION

LET IT BE KNOWN THAT \_\_\_\_\_  
Has Been Retained to Act as Agent to Submit a Measure 37 Compensation Demand form for My  
Property Identified Below.

\_\_\_\_\_  
(Address or Road)

AND DESCRIBED IN THE RECORDS OF JACKSON COUNTY AS:

TOWNSHIP \_\_\_\_\_, RANGE \_\_\_\_\_, SECTION \_\_\_\_\_, TAX LOT(S) \_\_\_\_\_  
TOWNSHIP \_\_\_\_\_, RANGE \_\_\_\_\_, SECTION \_\_\_\_\_, TAX LOT(S) \_\_\_\_\_  
TOWNSHIP \_\_\_\_\_, RANGE \_\_\_\_\_, SECTION \_\_\_\_\_, TAX LOT(S) \_\_\_\_\_

THE COSTS OF THE ABOVE ACTIONS, WHICH ARE NOT SATISFIED BY THE AGENT, ARE THE  
RESPONSIBILITY OF THE UNDERSIGNED PROPERTY OWNER.

### APPLICANT:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINTED NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_ FAX: \_\_\_\_\_

### PROPERTY OWNER:

*This authorization is for the Measure 37 Compensation Demand form only.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINTED NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_ FAX: \_\_\_\_\_

### AGENT:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINTED NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_ FAX: \_\_\_\_\_