



Date Paid:	_____
Amount Paid:	_____\$_____
Cash/MO #/Check #:	____#_____
Receipt #:	_____

CASE #: 217-20

## City of Killeen Zoning Change Application

[ ] General Zoning Change \$300.00 [ ] Conditional Use Permit \$500.00

Name(s) of Property Owner: Lindsey Emmons

Current Address: 6818 Ambrose Circle

City: Temple State: Texas Zip: 76502

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_ Cell Phone: (254) 449-1405

Email: lindseyemmons@stablelifeconcepts.com

Name of Applicant: Same  
(If different than Property Owner)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Address/Location of property to be rezoned: North from intersection of Watercrest Rd & Cody Poe Rd

Legal Description: 3.754 Acre Tract out of Thomas Robinett Survey, A-686

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES  NO   
If NO, a FLUM amendment application must be submitted.

Type of Ownership:  Sole Ownership  Partnership  Corporation  Other

Present Zoning: R-1 Present Use: Vacant

Proposed Zoning: B-3 Proposed Use: Therapy Center for Special Needs Children

Conditional Use Permit for: N/A

This property was conveyed to owner by deed dated July 6, 2017 and recorded in Volume \_\_\_\_\_, Page \_\_\_\_\_, Instrument Number 2017-30034 of the Bell County Deed Records. (Attached)

Is this the first rezoning application on a unilaterally annexed tract?  
Yes  (Fee not required) No  (Submit required fee)

## APPOINTMENT OF AGENT

As owner of the subject property, I hereby appoint the person designated below to act for me, as my agent in this request.

Name of Agent: Quintero Engineering, LLC

Mailing Address: P.O. Box 4386

City: Killeen State: Texas Zip: 76540 - \_\_\_\_\_

Home Phone: (254) 493-0744 Business Phone: (254) 493-9962 Email: pquintero@quinteroeng.com

I acknowledge and affirm that I will be legally bound by the words and acts of my agent, and by my signature below, I fully authorize my agent to:

**be the point of contact between myself and the City: make legally binding representations of fact and commitments of every kind on my behalf; grant legally binding waivers of rights and releases of liabilities of every kind on my behalf; to consent to legally binding modifications, conditions, and exceptions on my behalf; and, to execute documents on my behalf which are legally binding on me. This authorization only applies to this specific zoning request.**

**I understand that the City will deal only with a fully authorized agent.** At any time it should appear that my agent has less than full authority to act, then the application may be suspended and I will have to personally participate in the disposition of the application. I understand that all communications related to this application are part of an official proceeding of City government and, that the City will rely upon statements made by my agent. Therefore, **I agree to hold harmless and indemnify the City of Killeen, its officers, agents, employees, and third parties who act in reliance upon my agent's words and actions from all damages, attorney fees, interest and costs arising from this matter.** If my property is owned by a corporation, partnership, venture, or other legal entity, then I certify that I have legal authority to make this binding appointment on behalf of the entity, and every reference herein to 'I', 'my', or 'me' is a reference to the entity.

Signature of Agent  Title President

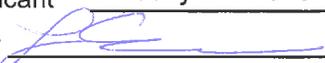
Printed/Typed Name of Agent Pedro Quintero, P.E. Date 07/21/17

Signature of Agent \_\_\_\_\_ Title \_\_\_\_\_

Printed/Typed Name of Agent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant  Title Sole Owner

Printed/Typed Name of Applicant Lindsey Emmons Date 7/21/17

Signature of Property Owner  Title \_\_\_\_\_

Printed/Typed Name of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Property Owner \_\_\_\_\_ Title \_\_\_\_\_

Printed/Typed Name of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Property Owner \_\_\_\_\_ Title \_\_\_\_\_

Printed/Typed Name of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

\*Application must be signed by the individual applicant, by each partner of a partnership, or by an officer of a corporation or association.