



Date Paid:	<u>7/15/16</u>
Amount Paid:	<u>\$ 200.00</u>
Cash/MO #/Check #:	<u># 3115</u>
Receipt #:	<u>426</u>

CASE #: 216-15

City of Killeen Zoning Change Application

General Zoning Change Conditional Use Permit

Name(s) of Property Owner: Kay Hedden

Current Address: 4304 Wade Dr.

City: Killeen State: TX Zip: 76549

Home Phone: () _____ Business Phone: () _____ Cell Phone: () _____

Email: _____

Name of Applicant: N/A
(If different than Property Owner)

Address: N/A

City: N/A State: N/A Zip: N/A

Home Phone: () N/A Business Phone: () N/A Cell Phone () _____

Email: N/A

Address/Location of property to be rezoned: 107 W. Stan Schlueter Lp.

Legal Description: 6.488 Acres, Part of the G. W. Farris Survey, Abst. No. 306

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES NO

Type of Ownership: X Sole Ownership Partnership Corporation Other

Present Zoning: R-1, B-3 Present Use: Undeveloped

Proposed Zoning: B-3 Proposed Use: Commercial

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated May 3, 2016 and recorded in Volume _____, Page _____, Instrument Number 2016-17711 of the Bell County Deed Records. (Attached)

Is this the first rezoning application on a unilaterally annexed tract?
Yes _____ (Fee not required) No X _____ (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: Mitchell & Associates, Inc.

Mailing Address: P.O. Box 1088

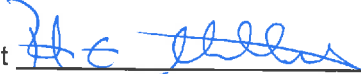
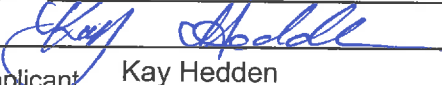
City: Killeen State: X Zip: 76540 - _____

Home Phone: (____) _____ Business Phone: (254) 634-5541 Email: bmitchell@mitchellinc.net

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 ace, 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 may 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 _____
Printed/Typed Name of Agent Mitchell & Associates, Inc. Date _____
Signature of Applicant  Title _____
Printed/Typed Name of Applicant Kay Hedden 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 _____
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.