



Date Paid:	10-21-2016
Amount Paid:	\$ 500.00
Cash/MO #/Check #:	# 2780
Receipt #:	467

CASE #: 216-20

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: ANDERSON, SHERYL YOWELL 1998 TRUST ETAL

Current Address: 4248 E. Stagecoach Road

City: Killeen State: TX Zip: 76542 -

Home Phone: () Business Phone: () 254-681-7774 Cell Phone: ()

Email: debbie@hgtsbank.com

Name of Applicant: Karen Wunsch - Masterplan
(If different than Property Owner)

Address: 6500 River Place Blvd., Bldg. 7, Suite 250

City: Austin State: TX Zip: 75730

Home Phone: () 512-519-9197 Business Phone: () 512-524-9745 Cell Phone () 512-202-5542

Email: karen@masterplanconsultants.com

Address/Location of property to be rezoned: Approx. 1,230.16 feet east of Shimla Dr., 556.96 feet north of Rusack Dr.

Legal Description: 3.093 ACRES TRACT SITUATED IN THE SIMEON D. CAROTHERS SURVEY, ABSTRACT NO. 177

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 X Other

Present Zoning: A Present Use: Agriculture

Proposed Zoning: A - CUP Proposed Use: Electric Substation

Conditional Use Permit for: Electric Substation

This property was conveyed to owner by deed dated June 1, 1999 and recorded in Volume 4050,
Page 320, Instrument Number 28641 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: Karen Wunsch

Mailing Address: 6500 River Place Blvd., Bldg. 7, Suite 250

City: Austin State: TX Zip: 78730 - _____

Home Phone: (512) 519-9197 Business Phone: (512) 524-9745 Email: karen@masterplanconsultants.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 *Karen Wunsch* Title Managing Director

Printed/Typed Name of Agent Karen Wunsch Date October 17, 2016

Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Applicant _____ Title _____

Printed/Typed Name of Applicant _____ Date _____

Signature of Property Owner *Deborah Yowell Farley* Title Trustee

Printed/Typed Name of Property Owner Deborah Yowell Farley 1998 Trust Date 10-18-16

Signature of Property Owner *Sheryl Yowell Anderson* Title Trustee

Printed/Typed Name of Property Owner Sheryl Yowell Anderson 1998 Trust Date 10-18-16

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.