



Date Paid: 11/04/2016  
 Amount Paid: \$ 300.00  
 Cash/MO #/Check #: # 75913  
 Receipt #: 469

CASE #: Z16-22

## City of Killeen Zoning Change Application

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

Name(s) of Property Owner: Christian House of Prayer, Inc.  
 Current Address: 916 West Hwy 190  
 City: Copperas Cove State: TX Zip: 76522  
 Home Phone: ( ) \_\_\_\_\_ Business Phone: 254-578-7113 Cell Phone: 254-394-1937  
 Email: jwalker@chop.org  
 Name of Applicant: \_\_\_\_\_  
 (If different than Property Owner)

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_

Address/Location of property to be rezoned: 3300 E. Stan Schluter loop and 2904 E. Stan Schluter  
 Legal Description: Lot 1 Block 1 Christian House of Prayer Addition and  
chop Phase Two Three Metes & Bounds or Lot(s) Block Subdivision  
Approx 38 Acres

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: B3 Present Use: Church  
 Proposed Zoning: B4 Proposed Use: Church and Retail

Conditional Use Permit for: \_\_\_\_\_  
 This property was conveyed to owner by deed dated 97 NOV 18 and recorded in Volume 3703  
 Page 89, Instrument Number \_\_\_\_\_ 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: Joe L. Walker  
Mailing Address: 811 MLK Dr. Suite B  
City: Copperas Cove State: TX Zip: 76522  
Home Phone: ( ) \_\_\_\_\_ Business Phone: 254 547-1413 Email: jwalker@chop.org

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 <u>Joe Walker</u>	Title <u>Director</u>
Printed/Typed Name of Agent <u>Joe L. Walker</u>	Date <u>11-4-16</u>
Signature of Agent _____	Title _____
Printed/Typed Name of Agent _____	Date _____
Signature of Applicant _____	Title _____
Printed/Typed Name of Applicant _____	Date _____
Signature of Property Owner <u>Valerie Holcomb</u>	Title <u>Exec Admin</u>
Printed/Typed Name of Property Owner <u>Valerie Holcomb</u>	Date <u>11/4/16</u>
Signature of Property Owner <u>Joe Walker</u>	Title <u>Director</u>
Printed/Typed Name of Property Owner <u>Joe L. Walker</u>	Date <u>11-4-16</u>
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.