



**City of Killeen  
Zoning Change Application**

Name(s) of Property Owner (s): Carol Daude, Trustee of the Margaret Dorothy Stefek Marital

Address: 131 Blue Cedar Trail

City: Killeen State: Texas Zip: 76542

Home Phone: N/A Business Phone: N/A Cell Phone: 254-290-1364

Name of Applicant: Same as Above  
(if different than Property Owner)

Address: Same as Above

City: Same as Above State: Same as Above Zip: Same as Above

Home Phone: ( ) N/A Business Phone: ( ) Same as Above Cell Phone:

Address/ Location of Property to be Rezoned: Old Florence Road

Has the Property been Platted? N  
Lot(s) Block(s) Subdivision

+ 9.62 AS.  
9.57

Legal Description: a ~~1.503~~ acre tract of land in Bell County, Texas, being part of the A. Webb Survey, Abstract No. 857, and the land herein described being part of a called 57.433 acre tract conveyed to Carol Daude, trustee of the Margaret Dorothy Stefek Marital Trust, of record in Document #2013-30024, Official Public Records of Real Property, Bell County, Texas

Metes and Bounds Description

Is there a simultaneous plat of this property? Yes

Stefek Trust Addition, Phase II

Type of Ownership: \_\_\_ Sole Ownership \_\_\_ Partnership \_\_\_ Corporation **X** Other (Municipality)

Recorded Copy of Warranty Deed: 2013-30024 Is copy of the deed attached? **YES**

Present Zoning(s): R-1 Present Use: Undeveloped

Proposed Zoning(s): B-5, R-2 Proposed Use: Duplex and Business District

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 / 102 N College

City: Killeen State: Texas Zip: 76540

Home Phone: ( ) N/A Business Phone: (254) 634-5541

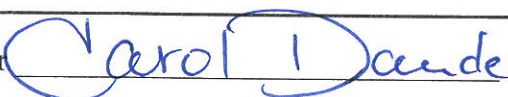
I acknowledge and affirm that I will be legally bound by the words and acts of my agent, and by my signature below, I fully authorize my agent to:

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; consent to legally binding modifications, conditions, and exceptions on my behalf; and, to execute documents on my behalf which are legally binding on me.

**I understand that the City will deal only with a fully authorized agent.** If 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 Agent

Printed/Typed Name of Agent David A. Olson Date 2/7/14

Signature of Property Owner  Title Trustee

Printed/Typed Name of Property Owner Carol Daude Date 6 Feb 2014

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

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

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

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

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