



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

CASE #: 215-09

City of Killeen Zoning Change Application

General Zoning Change [] Conditional Use Permit

Name(s) of Property Owner: Fred and Linda Garvin

Current Address: 1507 S WS Young dr

City: Killeen State: Tx Zip: 76541

Home Phone: 254 289-2177 Business Phone: 254 680-4668 Cell Phone: () _____

Email: appraisal-3@waco.twebc.com / 6appraisals@waco.twebc.com

Name of Applicant: Fred Garvin
(If different than Property Owner)

Address: 2859 Stagecoach Rd

City: Killeen State: Tx Zip: 76542

Home Phone: 254 289-2177 Business Phone: 254 680-4668 Cell Phone: () _____

Email: /

Address/Location of property to be rezoned: 1507 S WS Young dr Killeen Tx

Legal Description: Lot 5, Blk 33, Crescent Manor 2nd ext.

Metes & Bounds or Lot(s) Block Subdivision

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

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: B-1 Present Use: Office

Proposed Zoning: B-2 Proposed Use: Office - (Photography etc.)

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 8/4/05 and recorded in Volume 5791, Page 336, Instrument Number 2009004186 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: Tom Shuttleworth
 Mailing Address: 1507 SWS Young Dr
 City: Killeen State: Tx Zip: 76541
 Home Phone: 254-291-9245 Business Phone: 254-680-4663 Email: appraisal-3(a)waco.twcba.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 <u>[Signature]</u>	Title _____
Printed/Typed Name of Agent _____	Date _____
Signature of Applicant <u>[Signature]</u>	Title _____
Printed/Typed Name of Applicant _____	Date _____
Signature of Property Owner <u>[Signature]</u>	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.