



Date Paid:	8/31/17
Amount Paid:	\$ 200.00
Cash/MO #/Check #:	# 31000
Receipt #:	491

CASE #: Z17-05

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: Franklin Harris, LLC

Current Address: P.O. Box 794055

City: Dallas State: TX Zip: 75379 - 4055

Home Phone: () _____ Business Phone: (972) 896-0032 Cell Phone: () _____

Email: hytken@sbcglobal.net

Name of Applicant: Payton Senior, LLC
(If different than Property Owner)

Address: 421 West 3rd Street – Suite 1504

City: Austin State: TX Zip: 78701

Home Phone: () _____ Business Phone: (832) 330-0762 Cell Phone () _____

Email: megan@pinroclc.com

Address/Location of property to be rezoned: Located between O.W. Curry Road and Cunningham Road

Legal Description: 8.5 Acres out of the W.H. Cole Survey, Abstract 150 in Bell County, Texas

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES NO X
If NO, a F.I.U.M amendment application must be submitted.

Type of Ownership: _____ Sole Ownership _____ Partnership _____ Corporation limited liability co. _____ Other

Present Zoning: R1, R3, ~~B3~~ B5 Present Use: Vacant

Proposed Zoning: PUD R3-A Proposed Use: Senior Housing

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated July 31, 2014 and recorded in Volume _____ Page _____ Instrument Number 2014-00028264 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: Consort, Inc.

Mailing Address: 3600 Bee Caves Road, Suite 100

City: West Lake Hills State: Texas Zip: 78746 - _____

Home Phone: (____) _____ Business Phone: (512) 469-0500 Email: bturner@consortinc.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  Title President

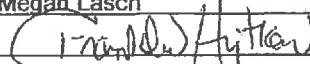
Printed/Typed Name of Agent Ben Turner Date _____

Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Applicant  Title Project Manager

Printed/Typed Name of Applicant Megan Lasch Date _____

Signature of Property Owner  Title Managing Member

Printed/Typed Name of Property Owner Franklin Harris, LLC Date Jan. 1, 2017

Signature of Property Owner _____ Title Managing Member

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.