



Date Paid:	3-19-74
Amount Paid:	\$ 200
Cash/MO #/Check #:	# 1872
Receipt #:	0095

CASE #: Z14-11

City of Killeen Zoning Change Application

[] General Zoning Change [] Conditional Use Permit

Name(s) of Property Owner: Suk Baldwin

Current Address: 2403 Southport DR

City: Killeen State: TX Zip: 76542

Home Phone: () _____ Business Phone: () _____ Cell Phone: (254) 458-6102

Email: _____

Name of Applicant: BoK Suk Baldwin
(If different than Property Owner)

Address: Sam as above

City: _____ State: _____ Zip: _____

Home Phone: () _____ Business Phone: () _____ Cell Phone () _____

Email: _____

Address/Location of property to be rezoned: 3002 old FM 449 Gentle Grove PH 3

Legal Description: Gentle Grove Addition Block 4 Lot 1

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: B3+B5 Present Use: _____

Proposed Zoning: R2 Proposed Use: Duplex

Conditional Use Permit for: ~~RE~~

This property was conveyed to owner by deed dated _____ and recorded in Volume _____, Page _____, 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: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ - _____

Home Phone: (____) _____ Business Phone: (____) _____ Email: _____

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 _____

Printed/Typed Name of Agent _____ Date _____

Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Applicant _____ Title _____

Printed/Typed Name of Applicant _____ Date _____

Signature of Property Owner *B. D. Doe* Title *Owner*

Printed/Typed Name of Property Owner _____ Date *18-MAR-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 _____

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