



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

CASE #: 215-36

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: ABBOTT, WILLIAM H ETUX STEPHANIE D

Current Address: 602 REIN DR

City: KILLEEN State: TX Zip: 76542-9051

Home Phone: () N/A Business Phone: () _____ Cell Phone: (254) 258-0270

Email: stephanie11265@gmail.com

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: 602 REIN DR KILLEEN, TX 76542-9051

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 003, LOT 0004

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, Single

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, Single

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 3/20/1991 and recorded in Volume 02710
Page 00323 Instrument Number 5402 of the Bell County Deed Records.
(Attached) 5403

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 William Abbott <u>William Abbott</u>	Title _____
→ Printed/Typed Name of Applicant <u>William Abbott</u>	Date <u>11-22-15</u>
→ Signature of Property Owner <u>William Abbott</u>	Title _____
→ Printed/Typed Name of Property Owner <u>William Abbott</u>	Date <u>11-22-15</u>
→ Signature of Property Owner <u>Stephanie Abbott</u>	Title _____
→ Printed/Typed Name of Property Owner <u>Stephanie Abbott</u>	Date <u>11-22-15</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.



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Receipt #:	_____

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: ALLEMAND, CAROLYN SUE

Current Address: 6608 REIN DR

City: KILLEEN State: TX Zip: 76542-9045

Home Phone: (254) 889-5319 Business Phone: () Cell Phone: ()

Email: secretsquirrel47@gmail.com

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: 6608 REIN DR KILLEEN, TX 76542-9045

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 004, LOT 0011

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, Single

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, Single

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 6/1/2004 and recorded in Volume 5421
Page 349 ~~347~~, Instrument Number 28850 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.

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Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

- Signature of Applicant Carolyn Sue Allemord Title Owner

- Printed/Typed Name of Applicant Carolyn Sue Allemord Date 11-3-2015

- Signature of Property Owner Carolyn Sue Allemord Title Owner

- Printed/Typed Name of Property Owner Carolyn Sue Allemord Date 11-3-2015

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.



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Receipt #:	_____

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: BASSETT, RYAN M

Current Address: 6414 WAGON WHEEL DR

City: KILLEEN State: TX Zip: 76542-9069

Home Phone: 254 449-3530 Business Phone: () Cell Phone: ()

Email: rjbassett@hotmail.com

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: 6414 WAGON WHEEL DR KILLEEN, TX 76542-9069

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 002, LOT 0016

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, Single

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, Single

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 9/12/2008 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.

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Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Applicant *Ryan Bissett* Title Owner

Printed/Typed Name of Applicant Ryan Bissett Date 11-22-15

Signature of Property Owner *Ryan Bissett* Title owner

Printed/Typed Name of Property Owner Ryan Bissett Date 11-22-15

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.



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: BAUER, GLENN R ETUX RHONDA L

Current Address: 6605 REIN DR

City: KILLEEN State: TX Zip: 76542-9046

Home Phone: () 254-526-2744 Business Phone: () _____ Cell Phone: () _____

Email: GRB@vum.com

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: 6605 REIN DR KILLEEN, TX 76542-9046

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 002, LOT 0016

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: X Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, SINGLE

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, SINGLE

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 9/28/1995 and recorded in Volume 3369
Page 89, Instrument Number 29946 of the Bell County Deed Records.
(Attached) 29947

Is this the first rezoning application on a unilaterally annexed tract?
Yes X (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:

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Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

X Signature of Applicant Rhonda L Bauer Title Owner

X Printed/Typed Name of Applicant Rhonda L. Bauer Date Nov 22, 2015

X Signature of Property Owner Rhonda L Bauer Title Owner

✓ Printed/Typed Name of Property Owner Rhonda L Bauer Date Nov 22, 2015

Signature of Property Owner Glenn R. Bauer Title OWNER

Printed/Typed Name of Property Owner GLENN R. BAUER Date 11/22/15

Signature of Property Owner Glenn R. Bauer Title OWNER

Printed/Typed Name of Property Owner GLENN R. BAUER Date 11/22/15

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



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: BREAUX, KENNETH ETUX LENA

Current Address: 6606 WAGON WHEEL DR

City: KILLEEN State: TX Zip: 76542-9058

Home Phone: (254) 634-1386 Business Phone: () Cell Phone: ()

Email: _____

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: 6606 WAGON WHEEL DR KILLEEN, TX 76542-9058

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 001, LOT 0012

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, SINGLE

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, SINGLE

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 7-5-2006 and recorded in Volume 6119, Page 601, Instrument Number 31100 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:

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Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

X Signature of Applicant Lena T. Breary Title Owner

X Printed/Typed Name of Applicant Lena T. Breary Date 11-15-15

X Signature of Property Owner Lena T. Breary Title Owner

X Printed/Typed Name of Property Owner Lena T. Breary Date 11-15-15

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.



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: BREAUX, MICHAEL C ETUX CARMEN

Current Address: 603 DOUBLETREE DR

City: KILLEEN State: TX Zip: 76542-9011

Y Home Phone: () 281-681-6416 Business Phone: () _____ Cell Phone: () same

Y Email: CarmenBRX@yahoo.com

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: 603 DOUBLETREE DR KILLEEN, TX 76542-9011

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 003, LOT 0013

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: X Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, Single

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, Single

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 6/24/2003 and recorded in Volume 05046, Page 213, Instrument Number 27156 of the Bell County Deed Records. (Attached)

Is this the first rezoning application on a unilaterally annexed tract?
Yes X (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:

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Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

✓ Signature of Applicant *Michael Breau* _____ Title _____

✓ Printed/Typed Name of Applicant Michael Breau _____ Date 11/15/2015

✓ Signature of Property Owner *Michael Breau* _____ Title 11/15/2015

✓ Printed/Typed Name of Property Owner Michael Breau _____ Date 11/15/2015

✓ Signature of Property Owner *Carmen Breau* _____ Title 11/15/2015

✓ Printed/Typed Name of Property Owner Carmen Breau _____ Date 11/15/2015

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.



Date Paid:	_____
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Receipt #:	_____

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: CABRERA, FIDEL

Current Address: 6603 REIN DR

City: KILLEEN State: TX Zip: 76542-9044

Home Phone: () 254 634-3929 Business Phone: () _____ Cell Phone: () _____

Email: FCABRERA1@Hot.RR.com

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: 6603 REIN DR KILLEEN, TX 76542-9044

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 002, LOT 0015

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: X Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, Single

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, Single

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 5/4/2001 and recorded in Volume 04388
Page 559, Instrument Number 13772 of the Bell County Deed Records.
(Attached)

Is this the first rezoning application on a unilaterally annexed tract?
Yes X (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:

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Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Applicant Fidel Cabrera Title OWNER

Printed/Typed Name of Applicant Fidel CABRERA Date 11.3.2015

Signature of Property Owner Fidel Cabrera. Title owner

Printed/Typed Name of Property Owner Fidel Cabrera Date 11.3.2015

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.



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CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: CAMPOS, GLORIA

Current Address: 604 REIN DR

City: KILLEEN State: TX Zip: 76542-9006

Home Phone: () _____ Business Phone: () _____ Cell Phone: (254) 630-4611

Email: _____

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: 604 REIN DR KILLEEN, TX 76542-9006

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 003, LOT 0003

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, Single

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, Single

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 3/7/1998 and recorded in Volume 02387
Page 765, Instrument Number 4949 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:

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Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

X Signature of Applicant Gloria Campos Title owner

X Printed/Typed Name of Applicant Gloria Campos Date 11-22-2015

X Signature of Property Owner Gloria Campos Title owner

X Printed/Typed Name of Property Owner Gloria Campos Date 11-22-2015

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.



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: CHITI, FRED A ETUX PATRICIA J

Current Address: 6603 WAGON WHEEL DR

City: KILLEEN State: TX Zip: 76542-9059

Home Phone: (254) 526-7760 Business Phone: () Cell Phone: (254) 319-2176

Email: PJCHITI@AOL.COM

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: 6603 WAGON WHEEL DR KILLEEN, TC 76542-9059

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 004, LOT 0001

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, Single

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, Single

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 02/27/1987 and recorded in Volume 02272
Page 00679, 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 Patricia J. Chiti Title Owner

Printed/Typed Name of Applicant PATRICIA J. CHITI Date 11-15-2015

Signature of Property Owner Patricia J. Chiti Title Owner

Printed/Typed Name of Property Owner PATRICIA J. CHITI Date 11-15-2015

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.



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: CHRISTMAN, ROBERT E JR ETUX GERLINDE M

Current Address: 6609 WAGON WHEEL DR

City: KILLEEN **State:** TX **Zip:** 76542-9060

Home Phone: () 254 634-0965 **Business Phone:** () _____ **Cell Phone:** () _____

Email: _____

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: 6609 WAGON WHEEL DR KILLEEN, TX 76542-9060

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 004, LOT 0007

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 **Present Use:** RESIDENTIAL, SINGLE

Proposed Zoning: SR2 **Proposed Use:** RESIDENTIAL, SINGLE

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 08/22/1989 and recorded in Volume 02559
Page 00285, Instrument Number 17707 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 G M Christman Title _____

✓ Printed/Typed Name of Applicant Gerlinde M. Christman Date 15 NOV 2015

✗ Signature of Property Owner G M Christman Title _____

✗ Printed/Typed Name of Property Owner Gerlinde M. Christman Date 15 NOV 2015

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.



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: DE RIVAROLA, GEORGE ETUX LOAN

Current Address: 6610 REIN DR

City: KILLEEN State: TX Zip: 76542-9045

Home Phone: (254) 524-3092 Business Phone: (254) _____ Cell Phone: (254) 630-4382

Email: Clouds rider@hotmail.com

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: 6610 REIN DR KILLEEN, TX 76542-9045

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 004, LOT 0012

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, Single

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, Single

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 06/22/1993 and recorded in Volume 02996
Page 800 45, Instrument Number 18097 of the Bell County Deed Records.
(Attached) 18078

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: _____

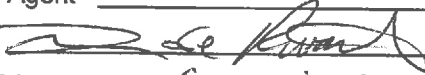

City: _____ State: _____ Zip: - _____

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 <u>Owner</u>
Printed/Typed Name of Applicant <u>George de Riva</u>	Date <u>11/4/15</u>
Signature of Property Owner 	Title <u>Owner</u>
Printed/Typed Name of Property Owner <u>George de Riva</u>	Date <u>11/4/15</u>
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.



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: DIMERY, WALLACE JR ETUX KIL Y

Current Address: 6505 REIN DR

City: KILLEEN State: TX Zip: 76542-9040

Home Phone: (254-554-5919) Business Phone: (_____) Cell Phone: (_____)

Email: _____

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: 6505 REIN DR KILLEEN, TX 76542-9040

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 002, LOT 0008

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, SINGLE

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, SINGLE

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 04/8/1994 and recorded in Volume 03136
Page 0092, Instrument Number 12935 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)

Dimery Wallace
KC

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 K Dimery Date Nov 29 - 2015

✗ Signature of Property Owner [Signature] Title Owner

✗ Printed/Typed Name of Property Owner Wallace Dimery Date 11-29-15

✗ Signature of Property Owner [Signature] Title Owner

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.



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: DOWLING, DONALD L ETUX LYNN Y

Current Address: 601 REIN DR

City: KILLEEN State: TX Zip: - 76542-9052

Home Phone: () _____ Business Phone: () _____ Cell Phone: () (254) 317-0254

Email: lydowling@hotmail.com

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: 601 REIN DR KILLEEN, TX 76542-9052

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 002, LOT 0005

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: Residential, Single

Proposed Zoning: SR2 Proposed Use: Residential, Single

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 1/15/1987 and recorded in Volume 02262,
Page 00289, 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 Lynn F. Dowdy Date 10-22-2015

Signature of Property Owner Lynn F. Dowdy Title 10-22-2015

Printed/Typed Name of Property Owner Lynn F. Dowdy Date 10-22-2015

Signature of Property Owner Lynn F. Dowdy Title 10-22-2015

Printed/Typed Name of Property Owner Lynn F. Dowdy Date 10-22-2015

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.



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: DOWLING, EMILY J

Current Address: 601 REIN DR

City: KILLEEN State: TX Zip: 76542

Home Phone: (384) 791-5167 Business Phone: () _____ Cell Phone: () _____

Email: emilyjhands@gmail.com

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: 6510 REIN DR KILLEEN, TX 76542

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 003, LOT 001

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, SINGLE

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, SINGLE

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 8/5/2004 and recorded in Volume 5450
Page 912, 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 Emily J. Dowling Title Owner

Printed/Typed Name of Applicant Emily J. Dowling Date 11/27/15

Signature of Property Owner Emily J. Dowling Title Owner

Printed/Typed Name of Property Owner Emily J. Dowling Date 11/27/15

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.



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: DUNN, DANIEL RAY

Current Address: 601 DOUBLETREE DR

City: KILLEEN State: TX Zip: 76542-9011

Home Phone: 254-634-1056 Business Phone: () Cell Phone: ()

Email: dannys@transmissions@msd.com

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: 601 DOUBLETREE DR KILLEEN, TX 76542-9011

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 003, LOT 0014

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, Single

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, Single

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 1/27/2012 and recorded in Volume 8054,
Page 724, Instrument Number 2012-3692 of the Bell County Deed Records.
(Attached) 201206003692

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 _____

X Signature of Applicant Danny R. Durn Title 1/15/13

X Printed/Typed Name of Applicant Danny R. Durn Date 1/15/13

X Signature of Property Owner Danny R. Durn Title 1/15/13

X Printed/Typed Name of Property Owner Danny R. Durn Date 1/15/13

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.



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: HARKIN, KATHY JO

Current Address: 6607 REIN DR

City: KILLEEN State: TX Zip: 76542-9046

Home Phone: 254 247-8947 Business Phone: 254 200-9433 Cell Phone: () _____

Email: KHARK@hot.rr.com

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: 6607 REIN DR KILLEEN, TX 76542-9046

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 002, LOT 0017

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, SINGLE

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, SINGLE

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 10/13/1998 and recorded in Volume 3877, Page 570, Instrument Number 35418 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 Kathy Jo Harkin Title Owner

- Printed/Typed Name of Applicant Kathy Jo Harkin Date 11-3-15

- Signature of Property Owner Kathy Jo Harkin Title Owner

- Printed/Typed Name of Property Owner Kathy Jo Harkin Date 11-3-15

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.



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: GARRISON, RAYMOND E ETUX ELIZABETH A

Current Address: 603 REIN DR

City: KILLEEN State: TX Zip: 76542-9052

Home Phone: 859 526-4099 Business Phone: () Cell Phone: ()

Email: rgarrison@killeen-tx.com

Name of Applicant: Ray Garrison
(If different than Property Owner)

Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____

Address/Location of property to be rezoned: 603 REIN DR KILLEEN, TX 76542-9052

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 002, LOT 0004

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, Single

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, Single

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 02/22/1993 and recorded in Volume 02944
Page 00723, 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.

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Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

X Signature of Applicant Raymond Garrison Title owner

✓ Printed/Typed Name of Applicant RAYMOND GARRISON Date 11/15/15

X Signature of Property Owner Raymond Garrison Title owner

X Printed/Typed Name of Property Owner RAYMOND GARRISON Date 11/15/15

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.



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: GUINThER, SHANE E ETUX MICHELLE

Current Address: 6506 REIN DR

City: KILLEEN State: TX Zip: 76542-5653

Home Phone: (254) 291-8678 Business Phone: (_____) Cell Phone: (_____)

Email: TXmxRacer @ Hotmail.com

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: 6506 REIN DR KILLEEN, TX 76542-5653

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 003, LOT 0008

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, SINGLE

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, SINGLE

Conditional Use Permit for: _____

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.

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Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

> Signature of Applicant  Title Owner >

> Printed/Typed Name of Applicant Shane Gunther Date 10-23-2015

> Signature of Property Owner  Title Owner >

X Printed/Typed Name of Property Owner Shane Gunther Date 10-23-2015

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.



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: JAMES, ANTHONY L JR ETUX EDRICA F

Current Address: 6511 WAGON WHEEL DR

City: KILLEEN State: TX Zip: 76542-9056

X Home Phone: (254) 251-8638 Business Phone: (_____) Cell Phone: (254) 251-8638

X Email: jamesfarnosu@emborgmail.com

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: 6511 WAGON WHEEL DR KILLEEN, TX 76542-9056

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 003, LOT 0007

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, SINGLE

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, SINGLE

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 3/19/2004 and recorded in Volume 5312, Page 857, Instrument Number 11746 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.

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Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

X Signature of Applicant Edrica F. James Title owner

X Printed/Typed Name of Applicant Edrica F. James Date 11-22-15

X Signature of Property Owner Edrica F. James Title owner

X Printed/Typed Name of Property Owner Edrica F. James Date 11-22-15

X Signature of Property Owner Anthony L. James Title owner

X Printed/Typed Name of Property Owner Anthony L. James Date 11-22-15

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.



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: KEPHART, KENNETH W ETUX BETTY J

Current Address: 6606 REIN DR

City: KILLEEN State: TX Zip: 76542-9045

Home Phone: 246242745 Business Phone: () Cell Phone: ()

Email: KEPHART@HOT.RR.COM

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: 6606 REIN DRIVE KILLEEN, TX 76542-9045

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 004, LOT 0010

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, SINGLE

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, SINGLE

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 12/26/1985 and recorded in Volume 02/25
Page 00677, 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.

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Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

X Signature of Applicant Kenneth W. Kephart Title owner

X Printed/Typed Name of Applicant KENNETH W. KEPHART Date 11-15-15

X Signature of Property Owner Kenneth W. Kephart Title owner

X Printed/Typed Name of Property Owner Kenneth W. Kephart Date 11-15-15

Signature of Property Owner Betty J. Kephart Title owner

Printed/Typed Name of Property Owner Betty J. Kephart Date 11-15-15

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.



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: KEYSER, DAVID R ETUX LOTTIE M

Current Address: 6602 WAGON WHEEL DR

City: KILLEEN State: TX Zip: 76542-9057

Home Phone: 254-313-207 Business Phone: () Cell Phone: ()

Email: _____

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: 6602 WAGON WHEEL DR KILLEEN, TX 76542-9057

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 001, LOT 0010

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, SINGLE

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, SINGLE

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 2/2/1987 and recorded in Volume 02265, Page 00611, 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.

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Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Applicant *[Signature]* Title *[Title]*

Printed/Typed Name of Applicant *Dan R. Keystl* Date *11-18-15*

Signature of Property Owner *[Signature]* Title *[Title]*

Printed/Typed Name of Property Owner _____ Date *11-18-15*

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.



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: MEADORS, SANDRA

Current Address: 6508 REIN DR

City: KILLEEN State: TX Zip: 76542-9039

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

Email: _____

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: 6508 REIN DR KILLEEN, TX 76542-9039

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 003, LOT 0009

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, SINGLE

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, SINGLE

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 6/8/1990 and recorded in Volume 02639
Page 00169, 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.

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Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Applicant Sandra Meador Title owner

Printed/Typed Name of Applicant Sandra Meador Date 11-22-15

Signature of Property Owner Sandra Meador Title owner

Printed/Typed Name of Property Owner Sandra Meador Date owner

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.



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: PLUNKETT, BARBARA ANN & LEE KENT

Current Address: 32502 2ND AVE SW

City: FEDERAL WAY State: WA Zip: 98023-5606

Home Phone: 253 8383805 Business Phone: () _____ Cell Phone: 253 886-9526

Email: ikaika77@msn.com

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: 6501 REIN DR KILLEEN, TX 76542

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 002, LOT 0006

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: X Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, SINGLE

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, SINGLE

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 9/6/2011 and recorded in Volume 7927,
Page 732, Instrument Number 31028 of the Bell County Deed Records.
(Attached) Deed Number 201100031208

Is this the first rezoning application on a unilaterally annexed tract?
Yes X (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.

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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 Barbara Ann Plunkett Date 11/16/2015

Signature of Property Owner Barbara Ann Plunkett Title _____

Printed/Typed Name of Property Owner Lee Kent Plunkett Date 11/16/2015

Signature of Property Owner Lee K. Plunkett 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.



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: Rabsatt, Reuben & Pauline (Confidential Owner)

Current Address: 6513 Rein

City: Killeen State: TX Zip: -

Home Phone: () 254 634-3480 Business Phone: () _____ Cell Phone: () _____

Email: Pauline.rabsatt@yahoo.com

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: _____

Legal Description: _____

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: R1 Present Use: Single Residential

Proposed Zoning: SR2 Proposed Use: Single Residential

Conditional Use Permit for: _____

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 X (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 <u>Pauline Rabsatt</u>	Title <u>owner</u>
✗ Printed/Typed Name of Applicant <u>Pauline Rabsatt</u>	Date <u>11-22-15</u>
✗ Signature of Property Owner <u>Pauline Rabsatt</u>	Title <u>owner</u>
✗ Printed/Typed Name of Property Owner <u>Pauline Rabsatt</u>	Date <u>11-22-15</u>
Signature of Property Owner <u>Reuben A. Rabsatt</u>	Title <u>11-22-15</u>
Printed/Typed Name of Property Owner <u>REUBEN A. RABSATT</u>	Date <u>11-22-15</u>
Signature of Property Owner <u>Reuben A. Rabsatt</u>	Title <u>11-22-15</u>
Printed/Typed Name of Property Owner <u>REUBEN A. RABSATT</u>	Date <u>11-22-15</u>

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



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: ROBINSON, LINDA G

Current Address: 6609 REIN DR

City: KILLEEN State: TX Zip: 76542 - 9054

Home Phone: 254-526-3397 Business Phone: () Cell Phone: ()

Email: _____

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: 6609 REIN DR KILLEEN, TX 76542-9054

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 002, LOT 0018

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, SINGLE

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, SINGLE

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 7/16/1990 and recorded in Volume 02649
Page 00125, Instrument Number 14141 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.

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Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Applicant Linda G Robinson Title OWNER

Printed/Typed Name of Applicant Linda G Robinson Date 11-2-2015

Signature of Property Owner Linda G Robinson Title OWNER

Printed/Typed Name of Property Owner Linda G Robinson Date 11-2-2015

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.



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: RUSSELL, ERNEST T JR ETUX ANYA K

Current Address: 604 DOUBLETREE DR

City: KILLEEN State: TX Zip: 76542-9009

Y Home Phone: (254) 554-7321 Business Phone: () Cell Phone: (254) 681-6485

X Email: akseptsap@me20@yahoo.com

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: 604 DOUBLETREE DR KILLEEN, TX 76542-9009

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 004, LOT 0003

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, SINGLE

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, SINGLE

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 1/20/1987 and recorded in Volume 02263
Page 00358, 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.

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Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date 11-15-15

X Signature of Applicant Anya K Russell Title Contractor Russell

X Printed/Typed Name of Applicant Anya K Russell Date 11-15-15

X Signature of Property Owner Anya K Russell Title Contractor Russell

X Printed/Typed Name of Property Owner Anya K Russell Date 11-15-15

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.



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: TURNER, ROOSEVELT JR ETUX SONIA A

Current Address: 6511 REIN DR

City: KILLEEN State: TX Zip: 76542-9041

Home Phone: (526-3773) Business Phone: (_____) Cell Phone: (_____)

Email: _____

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: 6511 REIN DR KILLEEN, TX 76542-9041

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 002, LOT 0011

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, SINGLE

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, SINGLE

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 8/28/1986 and recorded in Volume 02206
Page 00329, 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.

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Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

X Signature of Applicant Roosevelt Turner Title _____

X Printed/Typed Name of Applicant Roosevelt Turner Date 12/15/15

X Signature of Property Owner Roosevelt Turner Title Owner

X Printed/Typed Name of Property Owner Roosevelt Turner Date 12/15/15

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.



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: WASHINGTON, JENNIE FAY

Current Address: 6515 REIN DR

City: KILLEEN State: TX Zip: 76542-9041

Home Phone: 254-245-4515 Business Phone: () Cell Phone: ()

Email: _____

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: 6515 REIN DR KILLEEN, TC 76542-9041

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 002, LOT 0013

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, SINGLE

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, SINGLE

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 1/16/1990 and recorded in Volume 62600, Page 00190, 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.

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Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

- Signature of Applicant Jennie Washington Title OWNER

- Printed/Typed Name of Applicant JENNIE WASHINGTON Date 11-4-13

- Signature of Property Owner Jennie Washington Title OWNER

- Printed/Typed Name of Property Owner JENNIE WASHINGTON Date 11-4-13

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.



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

CASE #: _____

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: WASHINGTON, KIRK W ETUX LYNN A

Current Address: 6203 REIN DR

City: KILLEEN State: TX Zip: 76542

X Home Phone: (254) 338-4825 Business Phone: () _____ Cell Phone: (254) 338-5312

Y Email: MISSIELA@AOL.COM

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: 6503 REIN DR KILLEEN, TX 76542

Legal Description: WAGON WHEEL SUBDIVISION, BLOCK 002, LOT 0007

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES

Type of Ownership: Sole Ownership Partnership Corporation Other

Present Zoning: R1 Present Use: RESIDENTIAL, SINGLE

Proposed Zoning: SR2 Proposed Use: RESIDENTIAL, SINGLE

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 7/19/2001 and recorded in Volume 4442, Page 577, 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.

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Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

X Signature of Applicant Kirk Washington Title OWNER

X Printed/Typed Name of Applicant Kirk Washington Date 15 NOV 15

X Signature of Property Owner Kirk Washington Title OWNER

X Printed/Typed Name of Property Owner KIRK WASHINGTON Date 15 NOV 15

X Signature of Property Owner Lynn Althea Washington Title OWNER

X Printed/Typed Name of Property Owner LYNN ALTHEA WASHINGTON Date 15 NOV 15

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.