



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

CASE #: 15-31

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: STEVEN SWARTZ & GERALD NANN
 Current Address: 1502 HARVEST DR
 City: NOLANVILLE State: TX Zip: 76559
 Home Phone: (254) 698-3800 Business Phone: () _____ Cell Phone: (254) 702-0130
 Email: SASWIZ@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: 101 KING'S COURT
 Legal Description: LOT 1 BLOCK 1 ESPOSITO ADDITION WEST

Metes & Bounds or Lot(s) Block Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES NO
 If NO, a FLUM amendment application must be submitted.

Type of Ownership: _____ Sole Ownership: Partnership _____ Corporation _____ Other _____

Present Zoning: B2 Present Use: NONE

Proposed Zoning: R2 Proposed Use: _____

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated Nov 2 2015 and recorded in Volume 9450
 Page 277, 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 Steven Swartz Title OWNER

Printed/Typed Name of Applicant STEVEN SWARTZ Date 11-6-15

Signature of Property Owner Steven Swartz Title OWNER

Printed/Typed Name of Property Owner STEVEN SWARTZ Date 11-6-15

Signature of Property Owner Gerald Nunn Title owner

Printed/Typed Name of Property Owner Gerald Nunn Date 11-6-15

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.