



Date Paid: 10/07/2010
 Amount Paid: \$ 300.00
 Cash/MO #/Check #: #335996
 Receipt #: 461

CASE #: Z16-18

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: Linda Nellis, Trustee of the Donald Earl Nellis and Lenner Hair Nellis Revocable Living Trust

Current Address: 21204 Bogie Road

City: Edmond **State:** OK **Zip:** 73102 - _____

Home Phone: (405) 826-5279 **Business Phone:** () _____ **Cell Phone:** () _____

Email: linda@nellisvineyards.com

Name of Applicant: Pedcor Investments, A Limited Liability Company
 (If different than Property Owner)

Address: 770 3rd Ave SW

City: Carmel **State:** IN **Zip:** 46032

Home Phone: () _____ **Business Phone:** (317) 208-3767 **Cell Phone:** (512) 470-7312

Email: jlatsha@pedcor.net

Address/Location of property to be rezoned: 4302 Cunningham Road

Legal Description: attached

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: R-1 **Present Use:** vacant

Proposed Zoning: PUD **Proposed Use:** multifamily development (R-3A uses)

Conditional Use Permit for: N/A

This property was conveyed to owner by deed dated 8/31/1998 and recorded in Volume 3855, Page 305, Instrument Number 030339 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: Jean Latsha and/or Craig Lintner, Pedcor Investments, A Limited Liability Company

Mailing Address: 770 3rd Ave SW

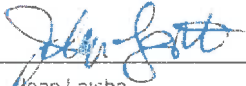

City Carmel State: IN Zip: 46032 - _____

Home Phone: (62) 463-32 Business Phone: (317) 208-3/67 Email: jlatsha@pedcor.net

I acknowledge and affirm that I will be legally bound by the words and acts of my agent, and by my signature below, I fully authorize my agent to:

be the point of contact between myself and the City; make legally binding representations of fact and commitments of every kind on my behalf; grant legally binding waivers of rights and releases of liabilities of every kind on my behalf; to consent to legally binding modifications, conditions, and exceptions on my behalf; and, to execute documents on my behalf which are legally binding on me. This authorization only applies to this specific zoning request.

I understand that the City will deal only with a fully authorized agent. At any time it should appear that my agent has less than full authority to act, then the application may be suspended and I will have to personally participate in the disposition of the application. I understand that all communications related to this application are part of an official proceeding of City government and, that the City will rely upon statements made by my agent. Therefore, I agree to hold harmless and indemnify the City of Killeen, its officers, agents, employees, and third parties who act in reliance upon my agent's words and actions from all damages, attorney fees, interest and costs arising from this matter. If my property is owned by a corporation, partnership, venture, or other legal entity, then I certify that I have legal authority to make this binding appointment on behalf of the entity, and every reference herein to 'I', 'my', or 'me' is a reference to the entity.

Signature of Agent <u></u>	Title <u>Land Acquisition Manager</u>
Printed/Typed Name of Agent <u>Jean Latsha</u>	Date <u>9-27-16</u>
Signature of Agent <u></u>	Title <u>Senior Vice President</u>
Printed/Typed Name of Agent <u>Craig H. Lintner</u>	Date <u>9-27-16</u>
Signature of Applicant _____	Title _____
Printed/Typed Name of Applicant _____	Date _____
Signature of Property Owner _____	Title _____
Printed/Typed Name of Property Owner _____	Date _____
Signature of Property Owner _____	Title _____
Printed/Typed Name of Property Owner _____	Date _____
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*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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Signature of Agent _____	Title <u>Senior Vice President</u>
Printed/Typed Name of Agent <u>Craig H. Lintner</u>	Date <u>9-27-16</u>
Signature of Applicant _____	Title _____
Printed/Typed Name of Applicant _____	Date _____
Signature of Property Owner <u>[Signature]</u>	Title <u>Trustee</u>
Printed/Typed Name of Property Owner <u>Linda A. Nellis, Trustee</u>	Date _____
Signature of Property Owner <u>of Donald + Lerner Nellis Revocable</u>	Title _____
Printed/Typed Name of Property Owner <u>Living Trust</u>	Date _____
Signature of Property Owner _____	Title _____
Printed/Typed Name of Property Owner _____	Date _____

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