



Date Paid:	<u>4/5/2017</u>
Amount Paid:	<u>\$ 500.00</u>
Cash/MO #/Check #:	<u># 35385</u>
Receipt #:	<u>520</u>

CASE #: Z11-12

City of Killeen Zoning Change Application

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

Name(s) of Property Owner: Central Texas Youth Services Bureau

Current Address: 204 N East St. Suite A

City: Belton State: Texas Zip: 76513 - 8190

Home Phone: () _____ Business Phone: (254) 939-3466 Cell Phone: (254) 217-1982

Email: ctysb.ed@gmail.com

Name of Applicant: Kami L. Diaz, LCSW, Executive Director of Owning Non-Profit Agency
(If different than Property Owner)

Address: Same Address As Owner

City: _____ State: _____ Zip: _____

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

Email: _____

Address/Location of property to be rezoned: 2812 Bacon Ranch Rd. Killeen, TX 76542

Legal Description: Lot 56, Block 3, Copper Mountain One, Phase II (R-1 Single Family Residential District)

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: Private Pocket Park

Proposed Zoning: R-1 with Conditional Use Permit Proposed Use: Private Pocket Park

Conditional Use Permit for: Private Pocket Park

This property was conveyed to owner by deed dated March 1, 2017 and recorded in Volume Cabinet B Page 288-A, Instrument Number 2017-8001 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: Kami L. Diaz, LCSW – Executive Director

Mailing Address: 204 N East St. Suite A

City: Belton State: TX Zip: 76513 - 8190

Home Phone: (254) 217-1982 Business Phone: (254) 939-3466 Email: ctysb.ed@gmail.com

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

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

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

Signature of Agent *Kami L. Diaz, LCSW* Title Executive Director

Printed/Typed Name of Agent Kami L. Diaz, LCSW Date _____

Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Applicant _____ Title _____

Printed/Typed Name of Applicant _____ Date _____

Signature of Property Owner _____ Title _____

Printed/Typed Name of Property Owner _____ Date _____

Signature of Property Owner _____ Title _____

Printed/Typed Name of Property Owner _____ Date _____

Signature of Property Owner *Laurie Oler* Title Treasurer (Board)

Printed/Typed Name of Property Owner Laurie Oler Date 4-5-17

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