

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

CASE #:____

City of Killeen Zoning Change Application

[] General Zoning Change [] Conditional Use Permit

Name(s) of Property Owner: Galdino and Haria Rodriguez	
Current Address: 2711 Creek Place Dr	
City: Killeen State: TX Zip: 76849	
Home Phone: ()Business Phone: (_)Cell Phone: 2M 258-3072	
Email:	
Name of Applicant:(If different than Property Owner)	
(If different than Property Owner)	
Address: 505 HARbour AVE	
City: Killeen State: TX Zip: 76541	
Home Phone: (254) Business Phone: (_) Cell Phone 284) 258-3072	
Email: rodriguez 1517@Yahoo.com	
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: B2 Present Use: Residefial	
Proposed Zoning: R Proposed Use: Single Family	
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. 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 ace, 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 may 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 Applicant _____Title Printed/Typed Name of Applicant _____Date _____ Printed/Typed Name of Property Owner _____ _____ Date _____ Signature of Property Owner Galdino RodriqueZ 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.