



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

CASE #: 215-35

## City of Killeen Zoning Change Application

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

Name(s) of Property Owner: Killeen ISD

Current Address: 110 N WS Young Drive

City: Killeen State: TX Zip: 76543 - \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Business Phone: 800.687.1220 Cell Phone: ( ) \_\_\_\_\_

Email: kenneth.crawford@killeenisd.org

Name of Applicant: Crystal Vasquez w/Huckabee  
(If different than Property Owner)

Address: 801 Cherry Street, Ste. 500

City: Fort Worth State: TX Zip: 76102

Home Phone: 800 687.1229 Business Phone: ( ) \_\_\_\_\_ Cell Phone 817 946.0047

Email: cvasquez@huckabee-inc.com

Address/Location of property to be rezoned: on Bunny Trail

Legal Description: Eugene Lasere Survey, Abstract #527

Metes & Bounds	or	Lot(s)	Block	Subdivision
Is the rezone request consistent with the Comprehensive Plan? <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">YES</span> NO				
If NO, a FLUM amendment application must be submitted.				

Type of Ownership:  Sole Ownership  Partnership  Corporation  Other

Present Zoning: AG Present Use: NA - empty lot

Proposed Zoning: R-1 Proposed Use: New Middle School

Conditional Use Permit for: \_\_\_\_\_

This property was conveyed to owner by deed dated May 1, 2015 and recorded in Volume 4484, Page 267, Instrument Number 2011-00011093 & 2009-00049426 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: Crystal Vasquez and Mike Boyle w/Huckabee

Mailing Address: 801 Cherry Street, Ste. 500

City: Fort Worth State: TX Zip: 76109

Home Phone: 817)946.0047 Business Phone: 800)687.1229 Email: cvasquez@huckabee-inc.com & mboyle@huckabee-inc.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  Title Regulatory

Printed/Typed Name of Agent Crystal Vasquez Date 11/18/2015

Signature of Agent  Title Associate Principal

Printed/Typed Name of Agent Mike Boyle Date 11/18/2015

Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_

Printed/Typed Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Property Owner  Title EXEC DIR FAC SVCS

Printed/Typed Name of Property Owner Kenneth Crawford Date 11/18/2015

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.