



Date Paid:	<u>3/3/17</u>
Amount Paid:	<u>\$ 100.00</u>
Cash/MO #/Check #:	<u># 1523</u>
Receipt #:	<u>506</u>

CASE #: FLUM#217-08

City of Killeen FLUM Amendment Application

Name(s) of Property Owner: Mark Dwayne Stanford (Independent executor)

Current Address: 4701 Trimmier Rd

City: Killeen State: Texas Zip: 76542 - 3801

Home Phone: () _____ Business Phone: () 254 289-9708 Cell Phone: () _____

Email: mark.stanford56@gmail.com

Name of Applicant: SCF Killeen 17, LP
(If different than Property Owner)

Address: 7801 Jack Finney Blvd Suite #101

City: Greenville State: Texas Zip: 75402

Home Phone: () _____ Business Phone: 903 450-1520 Cell Phone: 214 806-2216

Email: zach@salemclark.com

Address/Location of property proposed for FLUM amendment: 4801 Trimmier Rd Killeen Texas

Legal Description: A0306BC, G W Farris, 10-3 and A0306BC, G W Farris, 10-5

Metes & Bounds or Lot(s) Block Subdivision

Type of Ownership: Sole Ownership Partnership Corporation Other

Present FLUM Designation: General Commercial Present Use: R-1 Residential/Vacant Land

Proposed FLUM Designation: Multifamily Residential Proposed Use: Garden Style Apartments

This property was conveyed to owner by deed dated _____ and recorded in Volume _____, Page _____, Instrument Number _____ of the Bell County Deed Records. (Attached)

* Letters Testamentary on Oct. 22, 2015

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: Zachary Krochtengel

Mailing Address: 7801 Jack Finney Blvd Suite #101

City: Greenville State: Texas Zip: 75404 - _____

Home Phone: (214) 806-2216 Business Phone: (903) 450-1520 Email: zach@salemclark.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 _____

Printed/Typed Name of Agent _____ Date _____

Signature of Agent _____ Title _____

Printed/Typed Name of Agent _____ Date _____

Signature of Applicant Kelly Garasht Title owner

Printed/Typed Name of Applicant Kelly Garasht Date 2-16-17

Signature of Property Owner Mark D. Stanford Title executor

Printed/Typed Name of Property Owner MARK D. STANFORD Date 2/10/2017

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.