



Date Paid:	10/28/15
Amount Paid:	\$ 300
Cash/MO #/Check #:	# 1947
Receipt #:	310

CASE #: 215-28

City of Killeen Zoning Change Application

General Zoning Change [] Conditional Use Permit

Name(s) of Property Owner: LIBS Q II L.P.
 Current Address: P.O. Box 996
 City: Killeen State: Texas Zip: 76540 - 0996
 Home Phone: () Business Phone: 2546997704 Cell Phone: ()
 Email: Killeen@bkew.com

Name of Applicant: _____
 (If different than Property Owner)

Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: () Business Phone: () Cell Phone ()
 Email: _____

Address/Location of property to be rezoned: 908 Jasper
 Legal Description: Bellaire Addition Section 1 Block 001 Lot 0010

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: R-1 Present Use: Tenant dwelling
 Proposed Zoning: B3 Proposed Use: Offices

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)

NOT RECORDED YET

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: William P. Kiewer

Mailing Address: P.O. Box 996

City: Killeen State: TX Zip: 76540 - 0996

Home Phone: () _____ Business Phone: (254) 699-7100 Email: Kiewer@6kew.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 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 William P. Kiewer Title MGR

Printed/Typed Name of Agent William P. Kiewer Date 10-28-15

Signature of Applicant William P. Kiewer Title MGR

Printed/Typed Name of Applicant LIBSA II L.P. Date 10-28-15

Signature of Property Owner William P. Kiewer Title MGR

Printed/Typed Name of Property Owner LIBSA II L.P. Date 10-28-15

Signature of Property Owner William P. Kiewer Title MGR

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.