

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

CASE #: 2-15-26

City of Killeen Zoning Change Application

[General Zoning Change [] Conditional Use Permit

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Name(s) of Property Owner: Trey A. Gallaway & Julie R. Gallaway
Current Address: 202 Lake Rd
city: Be Hon State: TX zip: 76513 - 1512
Home Phone: ()Business Phone: (_)Cell Phone: (254) 493-9126
Email: treygal @ amail. com
Name of Applicant:(If different than Property Owner)
(If different than Property Owner)
Address:
City: State: Zip:
Home Phone: ()Business Phone: ()Cell Phone ()
Email:
Address/Location of property to be rezoned: 9950 Feather line Rd, Killeen, TX Legal Description: See a Hached 996 acre 7950 featherline ?
Metes & Bounds or Lot(s) Block Subdivision
Is the rezone request consistent with the Comprehensive Plan? YES NO
Type of Ownership:Other
Present Zoning: AG Present Use: Besidential AC
Proposed Zoning: 84 Proposed Use: Weighborhood business
Conditional Use Permit for:
This property was conveyed to owner by deed dated 1-20-20-5 and recorded in Volume <u>set a worked</u> Page, Instrument Number of the Bell County Deed Records. (Attached)
s 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. Richard Name of Agent: Home Phone: (254) 289-1889 Business Phone: () 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 _ Printed/Typed Name of Agent P Signature of Applicant Printed/Typed Name of Applicant Date Signature of Property Owner Printed/Typed Name of Property Owner Signature of Property Owner Printed/Typed Name of Property Owner Julie 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.

Revised 07/13/2012