



Previous Application Payment

Date Paid:	<u>N/A</u>
Amount Paid:	\$ _____
Cash/MO #/Check #:	# _____
Receipt #:	_____

CASE #: 215-20

City of Killeen Zoning Change Application

General Zoning Change [] Conditional Use Permit

Name(s) of Property Owner: THE ESTATE OF BETTY PASSARELLI (DECEASED)

Current Address: 2007 TRIMMIER RD

City: KILLEEN State: TEXAS Zip: 76541

Home Phone: () _____ Business Phone: () _____ Cell Phone: () 254-213-8653

Email: dannypassarelli@yahoo.com

Name of Applicant: DANNY PASSARELLI
(If different than Property Owner)

Address: 75 WILLOW BEND

City: CHANDLER State: North Carolina Zip: 28715

Home Phone: () _____ Business Phone: () _____ Cell Phone () 254-213-8653

Email: dannypassarelli@yahoo.com

Address/Location of property to be rezoned: 2007 TRIMMIER RD., KILLEEN, TX 76541

Legal Description: LOT 04A , BLK 1, JASPER HEIGHTS REVISION

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 Estate Other

Present Zoning: Residential Present Use: Single Family Residence

Proposed Zoning: B-1 or B3 Proposed Use: Neighborhood Business

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)

fee waived by City Planner

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: DYANNA PASSARELLI SHRHAK

Mailing Address: 2007 TRIMMIER RD

City: KILLEEN State: TEXAS Zip: 76541

Home Phone: (254-721-1876) Business Phone: (____) Email: dyannaskr1@aol.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 *Dyanna Shrhak* dotloop verified 08/03/15 5:04PM CDT PKKF-1D86-RTFT-DH0L Title Daughter of Betty

Printed/Typed Name of Agent Dyanna Passarelli Shrhak Date 08/03/2015

Signature of Applicant *Danny M Passarelli* dotloop verified 08/03/15 8:08PM CDT 255N-CZX7-BRAY-EUAC Title Executor, Son of Betty

Printed/Typed Name of Applicant Danny M Passarelli Date 08/03/2015

Signature of Property Owner _____ Title _____

Printed/Typed Name of Property Owner _____ Date _____

Signature of Property Owner _____ Title _____

Printed/Typed Name of Property Owner _____ Date _____

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.

RECEIVED
AUG 10 2015
PLANNING