



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

CASE #: 216-07

City of Killeen Zoning Change Application

General Zoning Change Conditional Use Permit

Name(s) of Property Owner: CPB Investments

Current Address: 15485 FM 439

City: Killeen State: TX Zip: 76543

Home Phone: () _____ Business Phone: (254) 773-1299 Cell Phone: () _____

Email: bill@accentres.com

Name of Applicant: DPS Killeen 2000, LLC
(If different than Property Owner)

Address: 510 W. 15th Street

City: Austin State: TX Zip: 78701

Home Phone: () _____ Business Phone: ⁵¹² () 623-3354 Cell Phone: (512) 668-2293

Email: dwardlaw@development2000.com

Address/Location of property to be rezoned: _____

Legal Description: 3.0831 Acres out of the A0688BC J. Robinett Survey
and greater average of 10.456
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 LLC Other

Present Zoning: Ag-R1 Present Use: Vacant Land

Proposed Zoning: B2 Proposed Use: Office - Department of Public Safety

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 5-4-2005 and recorded in Volume 5692, Page 241, 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)

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: BILL JONES
Mailing Address: 2400 So. 57th
City: Temple State: Tx Zip: 76504
Home Phone: 254 7109600 Business Phone: 254 7130900 Email: bill@peccentres.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 [Signature] Title Propser
Printed/Typed Name of Agent BILL JONES Date 3.10.16
Signature of Agent _____ Title _____
Printed/Typed Name of Agent _____ Date _____
Signature of Applicant _____ Title _____
Printed/Typed Name of Applicant _____ Date _____
Signature of Property Owner _____ Title _____
Printed/Typed Name of Property Owner _____ Date _____
Signature of Property Owner [Signature] Title OWNER
Printed/Typed Name of Property Owner CHARLES MITCHELL Date 3.10.16
C.P.B.I.N.O.

*Application must be signed by the individual applicant, by each partner of a partnership, or by an officer of a corporation or association.