



Date Paid:	5/4/2017
Amount Paid:	\$ 300.00
Cash/MO #/Check #:	# Cash
Receipt #:	527

CASE #: 217-16

## City of Killeen Zoning Change Application

General Zoning Change \$300.00  Conditional Use Permit \$500.00

Name(s) of Property Owner: Alejandro N. & Graciela S. Lopez

Current Address: 2289 Shirley Loop

City: Belton State: Tx Zip: 76513

Home Phone: 254 3838068 Business Phone: ( ) Cell Phone: ( )

Email: gizmob2005@yahoo.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: 3024 Old FM 440 Killeen, TX

Legal Description: John Essary A296 2 Acres

Metes & Bounds    or    Lot(s)    Block    Subdivision

Is the rezone request consistent with the Comprehensive Plan? YES    NO  
If NO, a FLUM amendment application must be submitted.

Type of Ownership: \_\_\_\_\_ Sole Ownership    Partnership    Corporation    Other

Present Zoning: B2 Present Use: Vacant

Proposed Zoning: B4 Proposed Use: Auto shop

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)

## APPOINTMENT OF AGENT


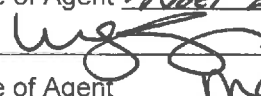
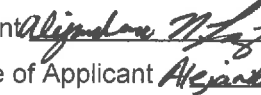
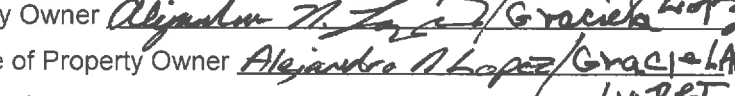
As owner of the subject property, I hereby appoint the person designated below to act for me, as my agent in this request.

Name of Agent: Mary Lopez  
 Mailing Address: 2289 Shirley Loop  
 City: Belton State: TX Zip: 76513  
 Home Phone: (281) 9132524 Business Phone: ( ) Email: \_\_\_\_\_

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 <u></u>	Title <u>Son</u>
Printed/Typed Name of Agent <u>Noel Lopez</u>	Date _____
Signature of Agent <u></u>	Title <u>In Law</u>
Printed/Typed Name of Agent <u>Mary Lopez</u>	Date _____
Signature of Applicant <u></u>	Title <u>Owner</u>
Printed/Typed Name of Applicant <u>Alejandro A. Lopez</u>	Date _____
Signature of Property Owner <u></u>	Title <u>Owner</u>
Printed/Typed Name of Property Owner <u>Alejandro A Lopez / Graciela Lopez</u>	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.