



Date Paid:	<u>1-30-14</u>
Amount Paid:	\$ <u>200.00</u>
Cash/MO #/Check #:	# <u>0014</u>
Receipt #:	<u>0014</u>

CASE #: Z14-05

31-306

City of Killeen Zoning Change Application

[] General Zoning Change [] Conditional Use Permit

Name(s) of Property Owner: BILLY W. REVIS, ETAL

Current Address: P.O. Box 691059

City: KILLEEN State: TX Zip: 76549

Home Phone: () _____ Business Phone: (²⁵⁴) 634-0704 Cell Phone: (²⁵⁴) 628-9300

Email: billyrevis@hotmail.com

Name of Applicant: MYLENE E. DOMANITE
(If different than Property Owner)

Address: 4401 TWIN OAKS CIR

City: Killeen State: TX Zip: 76542

Home Phone: (~~254~~) 554-6031 Business Phone: () _____ Cell Phone: (²⁵⁴) 535-4678

Email: midsweetminn7@gmail.com

Address/Location of property to be rezoned: 1316 W. CENTEX EXPWY, KILLEEN

Legal Description: LOT PT 3 (3 LESS TR OUT OF NE COR), BLOCK 2, K WEST CENTER

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: B-5 Present Use: FURNITURE STORE

Proposed Zoning: B3A4D Proposed Use: LIQUOR STORE

Conditional Use Permit for: _____

This property was conveyed to owner by deed dated 1/29/97 and recorded in Volume 3574, Page 616, 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: MYLENE DOMANITE

Mailing Address: 4401 TWIN OAKS CIR

City: Killeen State: TX Zip: 76542

Home Phone: ~~(254) 554-6081~~ Business Phone: ~~(254) 535-4678~~ Email: MDSWEETMINOU7@gmail.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 <u>Mylene Domanite</u>	Title <u>Agent</u>
Printed/Typed Name of Agent <u>MYLENE DOMANITE</u>	Date <u>1/30/2014</u>
Signature of Agent _____	Title _____
Printed/Typed Name of Agent _____	Date _____
Signature of Applicant _____	Title _____
Printed/Typed Name of Applicant _____	Date _____
Signature of Property Owner <u>Billy W. Revis</u>	Title <u>Owner</u>
Printed/Typed Name of Property Owner <u>BILLY W. REVIS</u>	Date <u>1/23/14</u>
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.