

Date Paid: Amount Paid: Cash/MO #/Check #? Receipt #: 6/3/14 \$ 300.00 # 10.22 409

CASE #: Z16-12

City of Killeen Zoning Change Application

[] General Zoning Change \$300.00 [] Conditional Use Permit \$500.00 Name(s) of Property Owner: _ State:_ 🗍 🗶 Business Phone: (__)___Cell Phone: (__)___ Email: (If different than Property Owner) State: Business Phone: (254) 246-8290 Cell Phone (323) Address/Location of property to be rezoned: Legal Description: A0797 Metes & Bounds or Lot(s) Block Subdivision Is the rezone request consistent with the Comprehensive Plan? YES If NO, a FLUM amendment application must be submitted. Type of Ownership: _____Sole Ownership ___ _Partnership __Corporation Other Present Zoning: KS ___ Present Use: onvenience Proposed Zoning: 83A Proposed Use: PACKAGE STORE. Conditional Use Permit for: This property was conveyed to owner by deed dated <u>02/08/2010</u> 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: State: Home Phone: (254) 681-0070 Business Phone: (254) 681-0070 Email: the broker Kim Egrail 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 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 'l', 'my', or 'me' is a reference to the entity. Signature of Agent Printed/Typed Name of Agent Signature of Agent Title Printed/Typed Name of Agent Date Signature of Applicant LAJC Title Store Owner Printed/Typed Name of Applicant Date 6 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.

Revised October 2015