

Date Paid: Amount Paid: Cash/MO #/Check #: Receipt #: 12/21/14 \$ 300.00 # 2517 0481

CASE #: 716-25

City of Killeen Zoning Change Application

Name(s) of Property Owner: Theresa Marie Hamm	ond, Yeon	Ok Choi Lee,	Kun Y. Park, & Ye	eon Ok Park
Current Address: 310 N. Fort Hood Street				
City: Killeen	State:	Texas	Zip:	76541 -
Home Phone: (254) 628-8884 Business Phone:	: (254)	Cell	Phone: (254)	-
Email: yeonokchoi3@gnail, (om				
Name of Applicant: Yeon Lee				
(If di	fferent th	an Proper	ty Owner)	
Address: same				
City: State:			Zip:	
Home Phone: ()Business Phone:	(_)	Cel	l Phone ()	
Email:				
Address/Location of property to be rezoned: 307 8	& 309 Carte	r Street Killee	n, Texas 76541	
Legal Description: Lots 6 & 8, Block 4, Sunset Addition				
Metes &	Bounds	or Lot(s) Block	Subdivision
Is the rezone request consistent with the Compre If NO, a FLUM amendment application must be s	hensive I ubmitted.	Plan? YES	6 19∕0	
Type of Ownership: Sole Ownership	Partne	ership	Corporation _	Other
Present Zoning: SUP/R-1 & R-1 Present Use:	arbe	rShop	Residential	
Proposed Zoning: <u>B-5</u> Proposed Use:	3ape	-rshg	b L C	a/e
Conditional Use Permit for:				
This property was conveyed to owner by deed da Page593, Instrument Number20 (Attached)	ted Dec	7, 2001 & . 31, 2013 ± of	and record the Bell Co	led in Volume <u>4456</u> , unty Deed Records.
Is this the first rezoning application on a unilateral Yes (Fee not required)	ly annexe	ed tract? /(Su	bmit required f	ee)

Revised October 2015

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.

ago	a 0 0 1.						
Name of Agent:	Killeen Engineer	ng & Surveying, Ltd	d.				
Mailing Address	2901 E. Stan S	chlueter Loop					
City:	Killeen	State:	Texas	Zip: _	76542		
Home Phone: (_							mlee@kesltd.com
be the represe binding consent and, to authorize I understand the that my agent has personally particular application statements mad Killeen, its officerors.	point of contations of far waivers of rist to legally bir execute doctation only apart the City will as less than full ipate in the distance part of an e by may age cers, agents, ons from all designations.	ntact between ct and commit ghts and releaseding modifical ments on my plies to this spansition of the apposition of the ent. Therefore employees, a amages, attoricts	myself arements of everses of liabitions, conditions, conditions are the area application. I agree to the area agree to the area fees, income are the area fees, income area fees	nd the Corery kind lities of continuous are less thorized pplication I understand governmentold harties whiterest an	City: may every kind excepted and that and that and armless o act indicates.	ake legally behalf; grand on my otions on ninding on At any times suspended all community, that the (and inder reliance usersing from the suspended and inder reliance usersing from the suspended arising from t	nnt legally behalf; to ny behalf;
	make this bin	ding appointme					rence herein to 'I'
Signature of Age	nt					Title_	Project Manager
Printed/Typed Na	ame of Agent _		Michelle L	ee		Date	
Signature of Age	nt B.	- Pa				Title_	"
							12-21-16
Signature of App	licant W	ralh				Title	Owner/Rep.
Printed/Typed Na	ame of Applica	nt	Yeon	Lee		Date	12-21-16
Signature of Pro	perty Owner	Linne	eles)			Title	Owner/Rep.
Printed/Typed Na	ame of Propert	y Owner	Υe	on Lee		Date	12-21-16
Signature of Pro	perty Owner	Therese MI	Hamma	nd		Title	
Printed/Typed Na	ame of Propert	y Owner <u>The</u>	resa M.	Ham	mond	Date	12-28-16
Signature of Pro	perty Owner _					Title	
Printed/Typed Na	ame of Propert	y Owner				Date	

Revised October 2015

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

APPOINTMENT OF AGENT

agent in this request.	o act for me, as my
Name of Agent:	
Mailing Address: 603 W 8th St	
City:State:	
Home Phone: (254) 526-4573 usiness Phone: ()Em.	ail: Egal & Corbin Egal team com
I acknowledge and affirm that I will be legally bound by the words and acts of signature below, I fully authorize my agent to:	of my agent, and by my
be the point of contact between myself and the City: make representations of fact and commitments of every kind on my beha binding waivers of rights and releases of liabilities of every kind o consent to legally binding modifications, conditions, and exceptions and, to execute documents on my behalf which are legally bindin authorization only applies to this specific FLUM amendment request	If; grant legally n my behalf; to s on my behalf; g on me. This
I understand that the City will deal only with a fully authorized agent. At a that my agent has less than full authority to act, then the application may be suspersonally participate in the disposition of the application. I understand that all cothis application are part of an official proceeding of City government and, that statements made by may agent. Therefore, I agree to hold harmless and Killeen, its officers, agents, employees, and third parties who act in relia words and actions from all damages, attorney fees, interest and costs arising my property is owned by a corporation, partnership, venture, or other legal entity, legal authority to make this binding appointment on behalf of the entity, and ever my', or 'me' is a reference to the entity.	pended and I will have to communications related to the City will rely upon indemnify the City of ance upon my agent's ng from this matter. If then I certify that I have
Signature of Agent	Title allorner
	Date 12/28/14
	Title
	Date
Signature of Applicant	
Printed/Typed Name of Applicant	
Signature of Property Owner	
Printed/Typed Name of Property Owner	
Signature of Property Owner	
Printed/Typed Name of Property Owner	
Signature of Property Owner	
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.

Dated: 10-05-2015