

Date Paid: 4/10/17
Amount Paid: \$300.00
Cash/MO #/Check #: # 1437
Receipt #: 52

CASE #: 17-13

City of Killeen Zoning Change Application

Name(s) of Property Owner: LOMA Vista Estates

Current Address: 2901 E. Stan Schlueter Loap

City: Killen State: IX Zip: 76542
Home Phone: () Business Phone: () 1634-5161 Cell Phone: () 535-1540

Email: CPUTSET & PUTSET O. COM

Name of Applicant: Same

(If different than Property Owner)

Address: Zip: Home Phone: () Business Phone: () Cell Phone ()

Email: Address/Location of property to be rezoned: 2813 + 2814 Length.

Legal Description: Lots 7 + 8 BIK Long Vista Estates Ph. 3

Is the rezone request consistent of NO, a FLUM amendment a	ent with the Comprehoplication must be su	ensive Plan? bmitted.	ES NO	
Type of Ownership:	_Sole Ownership	Partnership	Corporation	Other
Present Zoning: 85	Present Use:			
Proposed Zoning: <u>R2</u>	Proposed Use:			
Conditional Use Permit for:				
This property was conveyed to owner by deed dated 4-27-11 and recorded in Volume Page, Instrument Number 20100013790 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)

Metes & Bounds or Lot(s)

Block

Revised October 2015

Subdivision

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: _X Business Phone: (Home Phone: () 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', 'mv', or 'me' is a reference to the entity. Signature of Agent Custona 1101 Printed/Typed Name of Agent Cristina Durse Signature of Agent _____ Title Printed/Typed Name of Agent Date Signature of Applicant Printed/Typed Name of Applicant Date Signature of Property Owner -Printed/Typed Name of Property Owner (500) No. Huster Signature of Property Owner Title Printed/Typed Name of Property Owner ____ Date 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.

Revised October 2015