



# CITY OF KILLEEN - ZONING CHANGE APPLICATION

**Requirements for all zoning change application submittals:**

*All zoning change application materials must be submitted by 11:00 a.m. on the intake deadline.*

- Completed zoning change application (original, signed)
  - Must be signed by the property owner, or in the case of a corporation or partnership, documentation must be provided authorizing a single party to sign on behalf of the corporation or partnership
- Application fee (cash or check, only; checks made payable to City of Killeen)
  - Zoning change application: \$450.00
  - Conditional Use Permit Application: \$500.00
- Description of property location (in one of the following forms)
  - Property address
  - Property survey
  - Legal description (subdivision name with lot and block)
  - Metes and bounds description
- Warranty deed (showing current ownership of the property)
- Letter of request signed by property owner or applicant, including the following information:
  - Reason for the request
  - Proposed use of the property
  - Whether or how the proposed change will impact the surrounding properties
  - Whether the request is consistent with the Future Land Use Map (FLUM)  
*(If the request is not consistent with the FLUM, the zoning change application must be accompanied by a FLUM amendment application.)*
- Digital copies of all submittal documents
  - Electronic copies in .pdf format of all submittal documents
  - Must be provided on a disc (CD or DVD) or USB flash drive
  - File names should include the name of the plat, and the name of each application document (i.e. "Jones Addition\_Field Notes")

*For additional zoning change requirements, please reference  
Killeen Code of Ordinances, Chapter 31 - Zoning.*

Applicant: _____	Case #: _____
Intake Date: _____	Received by: _____
Amount Paid: \$ _____	Cash/MO#/Check #: _____ Receipt #: _____



**CITY OF KILLEEN - ZONING CHANGE APPLICATION**

General Zoning Change \$450.00       Conditional Use Permit \$500.00

**Name(s) of Property Owner:** \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

(If different than Property Owner)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Address/Location of property to be rezoned: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Is the rezone request consistent with the Comprehensive Plan?     YES     NO

*\* If no, a FLUM amendment application must be submitted.*

Is there a simultaneous plat application for this property?     YES     NO

Total Acreage: \_\_\_\_\_      Number of Lots: \_\_\_\_\_

Type of Ownership:     Sole Ownership     Partnership     Corporation     Other

Present Zoning: \_\_\_\_\_ Present Use: \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business 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 change 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: \_\_\_\_\_ Title: \_\_\_\_\_

Printed/Typed Name of Agent: \_\_\_\_\_ 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: \_\_\_\_\_

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.

*Application Revised: October 14, 2020*



## **City of Killeen Contacts:**

### **Planning & Development Services**

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