



# North Killeen Revitalization Program

City of Killeen  
P.O. Box 1329  
Killeen, TX 76540-1329

Application # \_\_\_\_\_

## What Is the North Killeen Revitalization Program?

This program serves to promote the development and redevelopment of North Killeen and includes incentives for residential and commercial/business structures' rehabilitation, expansion and/or new construction. The structure for which the improvement is proposed must be brought up to current building codes allowing for non-conforming lots as described in section IV (a). By adopting this program the City intends to provide incentives by waiving certain fees for a period of five (5) years beginning on the date of City Council adoption of this program.

## Eligible Recipients/Properties

In order for a property owner/developer to be eligible to apply for fee waivers, the property owner/developer:

- a. Must submit an application to the City;
- b. Must not be delinquent in paying property taxes for any property owned by the owner/developer or applicant;
- c. Must not have any City liens filed against any property owned by the applicant property owner/developer or must have initiated a payment program with the City of Killeen to include a 25% down payment against liens owed and payment schedule set.

Approval of the application and waiver of the fees shall not be deemed to be approval of any aspect of the project. All projects are subject to and must comply with all applicable local, State and Federal laws. Before construction, the applicant must ensure that the project is located in the correct zoning district.

## Development Fees

Fees for services shall be waived for new construction or rehabilitation projects that expend a **minimum** of \$2,000:

- All building permit related fees (including plans review and inspections)
- Plat Application Fee
- Board of Adjustment Application Fee
- Demolition Permit Fee
- Zoning Application Fee
- Sign Permit Fee

If a permit or application listed above is expired, the fee to reactivate, renew or reapply shall not be waived. In addition, penalties and extension fees or re-permitting fees will not be waived.

## Development Standards

- Minimum lot size for non-conforming properties – 3,600 sq. ft. No ZBA approval needed
- Building setbacks: 5' side lot, 10' rear lot, 20' front lot
- 50% rule waived

**The North Killeen Revitalization Program began September 23, 2015.**



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## PROJECT CERTIFICATION APPLICATION

### I. APPLICATION CHECK LIST

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**  
**CERTIFICATION WILL BE DENIED IF ALL REQUIRED DOCUMENTS SHOWN IN THE ABOVE CHECKLIST IS NOT SUBMITTED WITHIN 30 DAYS OF THE DATE OF APPLICATION.**

*Please submit the following documentation:*

- A completed application form
- A list of all properties owned by the Applicant property owner/developer in the City of Killeen
- Proof of ownership, such as a warranty deed, affidavit of heirship, or a probated will **OR** evidence of site control, such as option to buy.
- A reduced 11x17 floor plan, site plan, and site elevation with a written detailed project description that includes a construction time line
- A detailed line item budget showing the cost breakdown for the project
- A copy of Incorporation documents or partnership agreement noting all principals, partners, and agents as applicable

**PLEASE MAIL OR FAX YOUR APPLICATION TO:**  
 City of Killeen Planning and Development Department  
 200 E Avenue D, Killeen, Texas 76541  
 Tel: (254) 501-7630 Fax: (254) 501-7628

\*\*\* Electronic version of this form is available on our website at [www.killeentexas.gov](http://www.killeentexas.gov). \*\*\*

### II. APPLICANT (PROPERTY OWNER)

Property Owner(s) \_\_\_\_\_

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

Street	City	State	Zip
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Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

### III. CONTRACTOR /AGENT

Contractor/Agent \_\_\_\_\_

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

Street	City	State	Zip
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Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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



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## IV. PROJECT ELIGIBILITY

Please list the addresses and legal descriptions of the project and all other properties Applicant owns in Killeen. Attach metes and bounds description if no address or legal description is available. Must attach a map showing the location of the project.

**TABLE I:**

**Property Ownership**

*(Continue on a separate sheet and attach if necessary)*

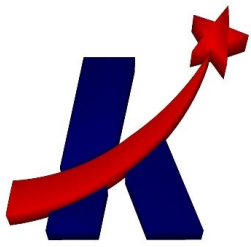
Address (Project Location)	Zip Code	Legal Description		
		Subdivision Name	Lot No.	Block No.

**Other Properties Owned in the City of Killeen**

*(Continue on a separate sheet and attach if necessary)*

Address (Project Location)	Zip Code	Legal Description		
		Subdivision Name	Lot No.	Block No.

<b>Does Applicant own other properties under another name?</b> If Yes, please specify: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Does the proposed project conform to City of Killeen Zoning?</b> If No, what steps are being taken to insure compliance?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Project Type</b>	<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi- Family	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Community Facilities	<input type="checkbox"/> Mixed-Use
	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Owner Occupied
	<input type="checkbox"/> Rental Property	<input type="checkbox"/> Rental Property	<input type="checkbox"/> Rental Property	<input type="checkbox"/> Rental Property	<input type="checkbox"/> Rental Property	<input type="checkbox"/> Rental Property



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For each property listed in Table I, please check the boxes below to indicate if:

- there are taxes past due; or
- there are City liens; or

**Table 2: Property Taxes and City Liens**

Address	Property Taxes Due	City Liens on Property				
		Weed Liens	Board-up/Open Structure Liens	Demolition Liens	Paving Liens	Order of Demolition
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(Please attach additional sheets of paper as needed.)*

**If there are taxes due or liens against any property in the City of Killeen, Applicant may not be eligible for program incentives. A payment program must be initiated with the City of Killeen to include a 25% down payment and a payment schedule must be set before applicant is eligible for program incentives.**

1. Please describe the proposed residential or commercial project:

\_\_\_\_\_  
 \_\_\_\_\_

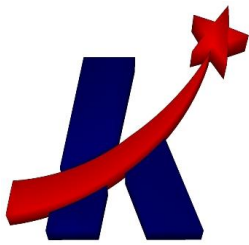
2. If your project is a commercial, industrial, or mixed-use project, please describe the types of businesses that are being proposed:

\_\_\_\_\_  
 \_\_\_\_\_

3. Is this a new construction or rehab project?       New Construction       Rehabilitation

4. How much is the total (re)development cost of your project?      \$ \_\_\_\_\_

5. What is the Estimated Project Completion Date?      \_\_\_\_\_



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## V. INCENTIVES – WHAT INCENTIVES ARE YOU APPLYING FOR?

### Development Fee Waivers

- All building permit related fees (including Plans Review and Inspections)
- Plat Application Fee (including preliminary plat, final plat, replat, and minor plat)
- Zoning Application Fee (for properties seeking zoning change to fit current property use)
- Demolition Fee                       Sign Permit Fee                       Board of Adjustment Application Fee

## ACKNOWLEDGMENTS

I hereby certify that the information provided is true and accurate to the best of my knowledge. I understand that the approval of fee waivers and other incentives shall not be deemed to be approval of any aspects of the project. I understand that I am responsible in obtaining required permits and inspections from the City and in ensuring the project is located in the correct zoning district.

I understand that my application will not be processed if it is incomplete. I agree to provide any additional information for determining eligibility as requested by the City.

**SIGNATURE MUST BE OWNER OR MANAGING PARTNER/PRESIDENT/CEO  
IF PROPERTY IS OWNED BY A CORPORATION OR PARTNERSHIP**

<b>APPLICANT (PROPERTY OWNER)</b> (PRINTED OR TYPED NAME)	<b>(AUTHORIZED SIGNATURE)</b>	<b>(DATE)</b>
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<b>CONTRACTOR/AGENT</b> (PRINTED OR TYPED NAME)	<b>(AUTHORIZED SIGNATURE)</b>	<b>(DATE)</b>
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### For Office Use Only

Application Received Date: _____		Application Completed Date: _____	
Project Type? <input type="checkbox"/> Single family <input type="checkbox"/> Multifamily <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Community facilities <input type="checkbox"/> Mixed-Use			
Conform to City of Killeen Zoning?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Non-Conforming?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Ownership/Site Control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax current on this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax current on other properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
City liens on this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	City liens on other properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certified by _____	Date certification issued? _____
If not certified, reason _____			