Legislation Text

File #: 21-5461, **Version:** 1

Department: County Engineer
Department Head/Elected Official: Loyd Smith, P.E., Interim County Engineer

Regular or Supplemental RCA: Regular RCA
Type of Request: Plat/Replat

Project ID (if applicable):
Vendor/Entity Legal Name (if applicable): BGE, INC.
MWDBE Participation (if applicable):

Request Summary (Agenda Caption):
Request for approval of plat Avalon at Cypress Sec 1 with a financial surety in the amount of $4,965.00. Consultant BGE, INC., Precinct 3.

Background and Discussion:
This plat has been reviewed by the Harris County Engineering Department and the applicant has completed all statutory and Harris County requirements. The County Engineer recommends the approval of this plat in accordance with TX Local Government Code 232.002 which states the Commissioners' Court must approve plats in unincorporated areas of Harris County before it can be filed with the County Clerk.

Expected Impact:
This approval will ensure that development in unincorporated areas will not pose a threat to the safety and welfare of the public as prescribed by Commissioners Court.

Alternative Options:
Should Commissioners Court elect not approve this plat, a written statement detailing the reasons for disapproval per TX Local Government Code 232.0028 will be required. This statement must include a citation to the law, including statute or order that is the basis of the disapproval; and may not be arbitrary.

Alignment with Goal(s):

_ Justice and Safety
X Economic Opportunity
_ Housing
_ Public Health

_ Transportation
_ Flooding
_ Environment
_ Governance and Customer Service

Prior Court Action (if any):

Date	Agenda Item #	Action Taken

Location:
Address (if applicable):
Precinct(s): Countywide

Fiscal and Personnel Summary				
Service Name	-	**FY 21-22**	**Estimates**	
			FY 22	**Next 3 FYs**
Incremental Expenditures				
Labor Expenditures		-	-	-
Non-Labor Expenditures		-	-	-
Total Incremental Expenditures		**-**	**-**	**-**
Funding Sources (General Fund, PIC Fund, Debt or CP, Grants, or Other - Please Specify)				
Existing Budget	-	-	-	-
	-	-	-	-
	-	-	-	-
Total Current Budget		-	-	-
Additional Budget Requested	-	-	-	-
	-	-	-	-
	-	-	-	-
Total Additional Budget Requested		-	-	-
Total Funding Sources		**-**	**-**	**-**
Personnel (Fill out section only if requesting new PCNs)				
Current Position Count for Service		-	-	-
Additional Positions Requested		-	-	-
Total Personnel		**-**	**-**	**-**

Anticipated Implementation Date:

Emergency/Disaster Recovery Note: Not an emergency, disaster, or COVID-19 related item

Contact(s) name, title, department: Julian Boxill, Manager of Platting, HCED

Attachments (if applicable):

Title Report, Tax Certificates (if applicable), Utility Service Plan form, Utility capacity letter, County/ State Agency water well approval (if applicable), and Subdivision name duplication letter (if applicable)