

Legislation Text

File #: 21-5484, 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): TERRA ASSOCIATES, INC. **MWDBE Participation (if applicable):**

Request Summary (Agenda Caption):

Request for approval of plat Prose Champions. Consultant, TERRA ASSOCIATES, INC., Precinct 4.

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, I	PIC Fund, Debt or C	CP, Grants, or O	ther - Please Spe	cify)		
Existing Budget	-	-	-	-		
	-	-	-	-		
	-	-	-	-		
Total Current Budget		-	-	-		
Additional Budget Requested -		-	-	-		
	-	-	-	-		
	-	-	-	-		
Total Additional Budget Reques	-	-	-			
Total Funding Sources	-	-	-			
Personnel (Fill out section only if	requesting new PC	Ns)				
Current Position Count for Servi	-	-	-			
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)