



Legislation Text

File #: 24-2187, **Version:** 1

Department: County Engineer

Department Head/Elected Official: Milton Rahman, PhD, P.E., PMP, CFM, ENV SP, County Engineer

Regular or Supplemental RCA: Regular RCA

Type of Request: Financial Surety

Project ID (if applicable): 2106020031

Vendor/Entity Legal Name (if applicable): Taylor Morrison of Texas, Inc., A Texas Corporation

MWDBE Contracted Goal (if applicable): N/A

MWDBE Current Participation (if applicable): N/A

Justification for 0% MWDBE Participation Goal: N/A - Goal not applicable to request

Request Summary (Agenda Caption):

Request for approval to retain financial surety for development projects for Taylor Morrison of Texas, Inc., A Texas Corporation in the amount of \$2,090.00 for Avalon at Cypress Sec 5, Precinct 3.

Background and Discussion:

The request for approval is related to the requirements outlined in section 4.03, Financial Surety: cash deposit, bond, or letter of credit made in accordance with the Texas Local Government Code 232.004 or 232.0045 and Harris County Infrastructure Regulations. The request for Cancellation of Financially Surety as outlined in Section 11.01 of the Regulations of Harris County, Texas for The Release or Retain of Financial Surety fees referenced within the Harris County Infrastructure Regulations.

Expected Impact:

N/A

Alternative Options:

N/A

Alignment with Goal(s):

- ☐ Justice and Safety
- ☐ Economic Opportunity
- ☐ Housing
- ☐ Public Health

- ☐ Transportation
☐ Flooding
☐ Environment
☒ Governance and Customer Service

Prior Court Action (if any):

Date	Agenda Item #	Action Taken

Location: Avalon at Cypress Sec 5

Address (if applicable):

Precinct(s): Precinct 3

Fiscal and Personnel Summary

Service Name				
		Current Fiscal Year Cost		Annual Fiscal Cost
	Labor	Non-Labor	Total	Recurring Expenses
Funding Sources				
Existing Budget				
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Total Current Budget	\$	\$	\$	\$
Additional Budget Request (<i>Requires Fiscal Review Request Form</i>)				
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Total Additional Budget Request	\$	\$	\$	\$
Total Funding Request	\$	\$	\$	\$
Personnel (Fill out section only if requesting new PCNs)				
Current Position Count for Service	-	-	-	-
Additional Positions Request	-	-	-	-
Total Personnel	-	-	-	-

Anticipated Court Date: April 23, 2024**Anticipated Implementation Date** (if different from Court date):**Emergency/Disaster Recovery Note:** Not an emergency, disaster, or COVID-19 related item

Contact(s) name, title, department: Darrell Hahn, Permits Manager, Permits, HCED

Attachments (if applicable):