



## Legislation Text

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**File #:** 24-5876, **Version:** 1

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**Department:** County Engineer

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

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Plat/Replat

**Project ID** (if applicable):

**Vendor/Entity Legal Name** (if applicable): WINDROSE

**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 of plat STNL Hawksview. Consultant, WINDROSE, 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
- 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): Precinct 3

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

**Anticipated Court Date: September 19, 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, 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)