

**Appendix A**

Name of Subdivision: North Bowie Estates  
 Contact Person: Dennis Fuchery Phone Number: 702-497-0240

**MONTAGUE COUNTY  
 SUBDIVISION PLATTING CHECKLIST  
 FIRST READING  
 (PRELIMINARY)**

<b>YES</b>	<b>NO</b>	<b>N/A</b>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of proposed subdivision.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name and address of Owner/subdivider/developer.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volume, page and reference names of adjoining owners.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Volume, page and reference land use of adjoining owners.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Master Development Plan (if subdivision is a portion of a larger tract).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location map.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scale (not smaller than 1" = 200'). If parent tract is larger than 320 acres, scale may be 1" = 1,000' w/proposed plat 1" = 200'.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	North directional arrow.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contour information – rivers, creeks, bluffs, etc. (no greater than 20' intervals)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Major topographic features.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total acreage in subdivision.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total number of lots in subdivision.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Typical lot dimensions.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Land use of lots, parks, greenbelts.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total length of roads.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Width of right-of-way.

**PRELIMINARY CHECKLIST**  
(continued)

- |                                     |                          |                                     |  |
|-------------------------------------|--------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Special flood hazard areas/note.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Road maintenance requested (County/Home Owner's Assn.).                            |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Approval by TxDOT or County for driveway entrance(s).                              |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Location of wells - water, gas, & oil, where applicable & unused capped statement. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Plat Application Fees paid. (receipt from County Treasurer required)               |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | On-Site Sewage Facility Preliminary plan, Inspector's Approval                     |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Acknowledgement of Rural Addressing / Signage.                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Water Availability Study.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Tax Certificates and rollback receipts if required.                                |
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\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date of Review

**ADDITIONAL REQUIREMENTS:  
ALL ITEMS ON THIS CHECKLIST MUST BE IN THE HANDS OF THE COUNTY  
JUDGE'S OFFICE NO LESS THAN THIRTY (30) DAYS PRIOR TO THE  
COMMISSIONERS COURT HEARING DATE.**