

Appendix A

Name of Subdivision: Kingdon Heights II  
 Contact Person: Bob K. Ross Phone Number: 940-366-0146


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


- | YES                                 | NO                       | N/A                                 |  |
|-------------------------------------|--------------------------|-------------------------------------|--|
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Volume, page and reference land use of adjoining owners.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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'). <i>If parent tract is larger than 320 acres, scale may be 1" = 1,000' w/proposed plat 1" = 200'.</i> |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Land use of lots, parks, greenbelts.   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Special flood hazard areas/note.   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 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 checked="" type="checkbox"/> | Acknowledgement of Rural Addressing / Signage.                                     |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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.**