

Appendix A

Name of Subdivision: LONGBRANCH MEADOWS

Contact Person: WADE BROWN / SWAIM Phone Number: 940-872-5075

**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 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'). <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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 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 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 checked="" type="checkbox"/> | <input 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 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.**