

APPENDIX D: PLAT APPLICATION

PLAT APPLICATION

SUBJECT PROPERTY INFORMATION	
APPLICATION DATE*: 05/28/2026	RESUBMITTAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PROJECT NAME: Replat of Lot 9A & Lot 14 - Rock Creek Ridge Phase One	
PROJECT ADDRESS OR LOCATION: 2719 Oak Hollow Circle Kountze Tx	
IF RESUBMITTAL, PROJECT FORMERLY KNOWN AS:	
NUMBER OF LOTS: 2	TOTAL ACREAGE: 4.197 Ac
JURISDICTION: <input type="checkbox"/> CITY LIMITS <input type="checkbox"/> ETJ <input checked="" type="checkbox"/> OUTSIDE ALL CITY LIMITS AND ETJs	

*This application shall expire five (5) years from the Application date if the project becomes dormant, as defined by Sec. 245.005, Texas Local Government Code, as amended. This application shall expire forty five (45) days from the date the Application is submitted if, after proper notification, the Application remains incomplete, as defined by Sec. 245.002e, Texas Local Government Code, as amended.


TYPE OF APPLICATION		
<input type="checkbox"/> PRELIMINARY PLAT	<input type="checkbox"/> FINAL PLAT	<input checked="" type="checkbox"/> AMENDED PLAT / REPLAT

DIGITAL FILE SUBMISSION	
<input checked="" type="checkbox"/> ADOBE .pdf and	<input type="checkbox"/> AutoCAD .dwg to COUNTY ENGINEER
<input checked="" type="checkbox"/> ADOBE .pdf and	<input type="checkbox"/> AutoCAD .dwg to 911 ADDRESSING

CONTACT INFORMATION					
AGENT INFORMATION			PROPERTY OWNER INFORMATION		
FIRM NAME: Access Surveyors			OWNER NAME: Rock Creek Ridge LP		
CONTACT: Amy Lea			CONTACT: Tim Andrues		
ADDRESS: 11025 Old Voth Road			ADDRESS: PO Box 7764		
CITY: Beaumont	STATE: TX	ZIP: 77713	CITY: Beaumont	STATE: TX	ZIP: 77726
PHONE: (409) 838-6322	FAX: (n/a)		PHONE: (713) 562-3581	FAX: ()	
EMAIL: amylea.access@gmail.com			EMAIL: tandrues@gmail.com		
DEVELOPER INFORMATION			SURVEYOR INFORMATION		
FIRM NAME:			FIRM NAME: Access Surveyors		
CONTACT:			CONTACT:		
ADDRESS:			ADDRESS:		

CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
PHONE: ()	FAX: ()		PHONE: ()	FAX: ()	
EMAIL:			EMAIL:		
ENGINEER INFORMATION			OTHER CONTACT INFORMATION (IF DIFFERENT)		
FIRM NAME:			OWNER NAME:		
CONTACT:			CONTACT:		
ADDRESS:			ADDRESS:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
PHONE: ()	FAX: ()		PHONE: ()	FAX: ()	
EMAIL:			EMAIL:		

PROPERTY OWNER CONSENT/AGENT AUTHORIZATION		
<p>By my signature, I hereby affirm that I am the property owner of record, or if the applicant is an organization or business entity, that authorization has been granted to represent the owner, organization or business in this application. I certify that the preceding information is complete and accurate, and it is understood that I agree to the development/subdivision of this property.</p>		
Signature:	Printed Name:	Date:
Signature:	Printed Name:	Date:
<p>By signing this form, the owner of the property owner authorizes Hardin County to begin proceedings in accordance with the process for this type of application indicated on page one of this application. The owner further acknowledges that submission of an application does not in any way obligate the County to approve the application and that although County staff may make certain recommendations regarding this application, the Commissioner's Court may not follow that recommendation and may make a final decision that does not conform to the staff's recommendation.</p>		

RECEIPT BY HARDIN COUNTY (Office use only)	
Date Application Received: <u>5</u> / <u>128</u> / 20	Date Application Accepted / Rejected: ___ / ___ / 20
Signature: 	Signature:
<p>Receipt of this application by Hardin County does not provide confirmation or acceptance of a complete application, nor does it waive requirements for any additional information not contained as part of this application which may also be needed as a part of the review process.</p>	