

APPENDIX D: PLAT APPLICATION

PLAT APPLICATION

SUBJECT PROPERTY INFORMATION	
APPLICATION DATE*: June 22, 2026	RESUBMITTAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PROJECT NAME: Replat of Golden Trails	
PROJECT ADDRESS OR LOCATION: 10046 Golden Lane	
IF RESUBMITTAL, PROJECT FORMERLY KNOWN AS:	
NUMBER OF LOTS: 11	TOTAL ACREAGE: 1.854 Acres
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.

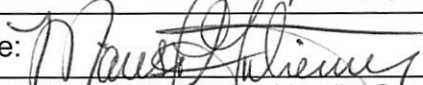
TYPE OF APPLICATION		
<input type="checkbox"/> PRELIMINARY PLAT	<input checked="" type="checkbox"/> FINAL PLAT	<input type="checkbox"/> AMENDED PLAT / REPLAT

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

CONTACT INFORMATION					
AGENT INFORMATION			PROPERTY OWNER INFORMATION		
FIRM NAME: Access Surveyors, LLC			OWNER NAME: Neches Island, Inc.		
CONTACT:			CONTACT: Christopher Arnaud		
ADDRESS: 11025 Old Voth Road			ADDRESS: 132 Norwood Drive		
CITY: Beaumont	STATE: Texas	ZIP: 77713	CITY: Lumberton	STATE: Texas	ZIP: 77657
PHONE: (409) 838-6322	FAX: ()		PHONE: 409-273-1445	FAX:	
EMAIL: rpls5163@aol.com			EMAIL: cearnaud3@hotmail.com		
DEVELOPER INFORMATION			SURVEYOR INFORMATION		
FIRM NAME:			FIRM NAME:		
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: Scott Brakin	Date: 06/22/2026
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: 6/22/2026	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>	