

## APPENDIX D: PLAT APPLICATION

### PLAT APPLICATION

SUBJECT PROPERTY INFORMATION	
APPLICATION DATE*: 12-1-2025	RESUBMITTAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PROJECT NAME: Replat of part of Lot 51 of Beaumont Colony Central	
PROJECT ADDRESS OR LOCATION: 3090 Leatherwood Dr. Kountze Texas	
IF RESUBMITTAL, PROJECT FORMERLY KNOWN AS:	
NUMBER OF LOTS: 2	TOTAL ACREAGE: 2.6741 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 type="checkbox"/> FINAL PLAT	<input checked="" type="checkbox"/> AMENDED PLAT / REPLAT

DIGITAL FILE SUBMISSION	
<input 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: Whiteley Infrastructure Group		OWNER NAME: Wayne Gonzales	
CONTACT: Richard Bartz		CONTACT: Wayne Gonzales	
ADDRESS: 655 Langham Rd Unit 14		ADDRESS: 3090 Leatherwood Dr	
CITY: Beaumont	STATE: TX	ZIP: 77707	CITY: Kountze
STATE: TX	ZIP: 77625	CITY: Kountze	STATE: TX
PHONE: (409) 892-0421	FAX: ( )	PHONE: (409) 350-9200	FAX: ( )
EMAIL: richard.bartz@whiteleyinfra.com		EMAIL:	
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: <i>Evelyn Gonzales</i>	Printed Name: <i>Evelyn Gonzales</i>	Date: <i>12/02/25</i>
Signature: <i>Wayne Gonzales</i>	Printed Name: <i>WAYNE GONZALES</i>	Date: <i>12/02/25</i>
<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: <i>12 / 2 / 2025</i>	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>	