

# City of Castle Hills Subdivision Plat Review Checklist

Subdivision Name: \_\_\_\_\_

Review Date: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Reviewer's Initials: \_\_\_\_\_

Preliminary Plat Submitted: \_\_\_\_\_

Preliminary Plat Approved: \_\_\_\_\_

(date)

(date)

Subdivision Name – should be unique from other Subdivisions within the City yes no n/a

Legal Description – complete and appropriate, including location and "chain-of-title" information

Total Acreage and Number of Lots

Name(s) and Address(es) of Owner(s)

Name and Address of Registered Engineer

Name and Address of Registered Public Surveyor

North Arrow – north at top of sheet whenever possible

Scale – 1":100' or larger

Date – each revision must show new date

Key Map – shows relationship of Subdivision to key land Features in all directions of at least 1 mile

Boundaries in Heavy Lines

Boundaries Tied to Well-established Points

Adjoiner References – complete and accurate

Contours – 2' intervals for grades 5% or less; 1' for Grades > 5%

Proposed Use Designation – if unknown, designate as "unrestricted"

City Engineer's Certificate

City Council Certification

Owner's Acknowledgement/Dedication

Registered Engineer's Certification

Registered Surveyor's Certification

County Clerk's Acknowledgement

### Letters of Certification

CPS yes no n/a

Bexar Metropolitan Water District

SAWS Wastewater

Bexar County Public Works

SWB Telephone

Cable

\_\_\_\_\_ (other)

\_\_\_\_\_ (other)

\_\_\_\_\_ (other)

Restrictive Covenants Submitted

Tax Certificated Submitted – City, School District County paid in full for current year

Subdivision and Plat Fees Paid

Sewer Connection Details – Review details for all facilities which will be maintained by City

Water Connection Details

Onsite Sanitary Sewer Facility (OSSF) Design

City Public Service Note

\_\_\_\_\_ (other)

\_\_\_\_\_ (other)

\_\_\_\_\_ (other)

\_\_\_\_\_ (other)

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|                            | yes                      | no                       | n/a                      |  | yes                      | no                       | n/a                      |
|----------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| Boundary "Closes"          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NPDES Permit Required  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Property Corners Described | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plat Title proper and correct (Replat, Vacating Plat, Amending Plat, Repat w/out Vacating Previous | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Street Names               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Replat Certification   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Departing Property Lines   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vacation Declaration   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Easements                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Amending Plat – does the plat qualify?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| City Limit Lines           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hydrology Calculations (Sec. 40-212 and Sec. 40-213 CH Code of Ordinances)                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flood Plain Limits         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ (other)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bearing Reference Notes    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ (other)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bearings Clockwise         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ (other)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Comments:**

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