



City of McKinney Historic Building Marker Application

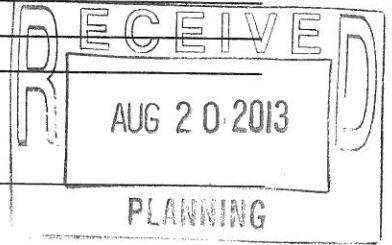
Submit the completed application to the following address:
City of McKinney, Planning Department
221 N. Tennessee Street, McKinney, TX 75069

I. Applicant Information

Date of Submittal Aug 20, 2013
Name of Applicant PAIGE AND KELLY CLOSE
Address 306 WEST DAVIS
McKINNEY, TX. 75069
Telephone (901) 497-5171
E-mail Address kellyclose5@gmail.com

II. Owner Information (If different from Applicant)

Name of Owner _____
Address _____
Telephone () _____
E-mail Address _____



III. General Building Information

Name of Building JOHN DR. J.C.N. SMITH HOME
Address of Building 306 WEST DAVIS
Date of Construction Known or Circa 1917
(If not known provide approximate date Circa)
Architect/Designer UNKNOWN!
Builder/Contractor UNKNOWN!
Architectural Period/Style _____

Legal Property Description of Current Location (Lot and Block Numbers)
LOT 2024, BLOCK 35, MCKINNEY ORIGINAL DONATION

FOR OFFICE USE ONLY:	
Date Received: <u>08/20/13</u>	Preservation Priority: <u>LOW</u>
File # <u>2013-011HT</u>	Built Circa: <u>1910</u>



City of McKinney Historic Building Marker Application

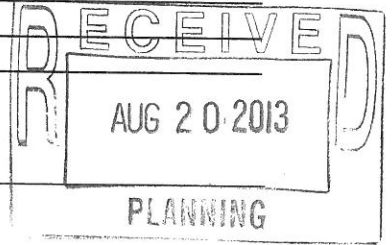
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Builder/Contractor UNKNOWN!
Architectural Period/Style _____

Legal Property Description of Current Location (Lot and Block Numbers)
LOT 2024, BLOCK 35, MCKINNEY ORIGINAL DONATION

FOR OFFICE USE ONLY:

Date Received: 08/20/13 Preservation Priority: LOW
File # 2013-011HT Built Circa: 1910

B. Materials (Please check all that apply)

	Original	Current
Construction		
Frame	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Solid Brick	<input type="checkbox"/>	<input type="checkbox"/>
Solid Stone	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Foundation		
Pier and Beam	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Stone	<input type="checkbox"/>	<input type="checkbox"/>
Brick	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Masonry Units	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Exterior Wall Surface		
Siding (specify type)	<input checked="" type="checkbox"/> CEDAR	<input checked="" type="checkbox"/> CEDAR
Stucco	<input type="checkbox"/>	<input type="checkbox"/>
Stone	<input type="checkbox"/>	<input type="checkbox"/>
Brick	<input type="checkbox"/>	<input type="checkbox"/>
Wood Shingle	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Windows		
Wood Sash	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Aluminum Sash	<input type="checkbox"/>	<input type="checkbox"/>
Single-hung	<input type="checkbox"/>	<input type="checkbox"/>
Double-hung	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Casement	<input type="checkbox"/>	<input type="checkbox"/>
Fixed	<input type="checkbox"/>	<input type="checkbox"/>
Awning	<input type="checkbox"/>	<input type="checkbox"/>
Hopper	<input type="checkbox"/>	<input type="checkbox"/>
Sliding	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Roof Materials		
Shingles (specify type)	<input checked="" type="checkbox"/> WOOD	<input checked="" type="checkbox"/> ASPHALT
Tile (specify type)	<input type="checkbox"/>	<input type="checkbox"/>
Slate	<input type="checkbox"/>	<input type="checkbox"/>
Metal (specify type)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Primary Exterior Color	LIGHT BLUE GRAY	MEDIUM GRAY
Secondary (Trim) Color	WHITE	WHITE



B. Materials (Please check all that apply)

	Original	Current
Construction		
Frame	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Solid Brick	<input type="checkbox"/>	<input type="checkbox"/>
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Metal (specify type)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Other	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Primary Exterior Color	<u>LIGHT BLUE GRAY.</u>	<u>MEDIUM GRAY</u>
Secondary (Trim) Color	<u>WHITE</u>	<u>WHITE</u>



Does the building remain on its original site?

Yes

No (specify original location) _____

Indicate the original and adapted uses of the building.

Original Uses

- Agriculture _____
- Commerce _____
- Education _____
- Government _____
- Healthcare _____
- Industrial _____
- Recreation _____
- Religious _____
- Residential _____
- Social _____
- Transportation _____

Adapted Uses

- Agriculture _____
- Commerce _____
- Education _____
- Government _____
- Healthcare _____
- Industrial _____
- Recreation _____
- Residential _____
- Social _____
- Transportation _____

IV. Architectural Description

A. Physical Characteristics

	Original	Current
Number of stories	<u>2</u>	<u>2</u>
Orientation	_____	_____
Floor Plan	_____	_____
Open plan	<input type="checkbox"/>	<input type="checkbox"/>
L-plan	<input type="checkbox"/>	<input type="checkbox"/>
Modified L-plan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Center passage plan	<input type="checkbox"/>	<input type="checkbox"/>
2-room plan	<input type="checkbox"/>	<input type="checkbox"/>
T-plan	<input type="checkbox"/>	<input type="checkbox"/>
Shotgun plan	<input type="checkbox"/>	<input type="checkbox"/>
Asymmetrical plan	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	_____	_____
Roof Type		
Gable	<input type="checkbox"/>	<input type="checkbox"/>
Hipped	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Flat with parapet	<input type="checkbox"/>	<input type="checkbox"/>
Gambrel	<input type="checkbox"/>	<input type="checkbox"/>
Mansard	<input type="checkbox"/>	<input type="checkbox"/>
Shed	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	_____	_____

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