



Historic Marker Application

Return all completed forms and documentation on a Compact Disc (CD) to the Historic Preservation Office, Development Services Building, 221 N. Tennessee St. McKinney, TX 75069.

I. Applicant Information

Date of Submittal 3-1-17
 Name of Applicant ROBERT D. & JANK. BARSTAD
 Address 601 N. COLLEGE ST. MCKINNEY, TX 75069
 Telephone (972) 658-4328
 E-mail Address RDBVETSK@GMAIL.COM

II. Owner Information (If different from Applicant)

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

III. General Building Information

Name of Building THE COMEGYS HOUSE
 Address of Building 601 N. COLLEGE ST. MCKINNEY, TX 75069
 Date of Construction Known 1928-1930 or Circa _____
 (If not known provide approximate date Circa)
 Architect/Designer ?
 Builder/Contractor ?
 Architectural Period/Style ENGLISH TUDOR REVIVAL

Legal Property Description of Current Location (Lot and Block Numbers)

THE COMEGYS HOUSE
TUCKER, BLK 6, LOT 2

Does the building remain on its original site?

- Yes
 No (specify original location) _____

2017-003HTM
 Historic Marker
 HIGH
 1928

Materials (Please check all that apply)

	Original	Current
Construction		
Frame	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>
Stone	<input type="checkbox"/>	<input type="checkbox"/>
Brick	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input checked="" 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 type="checkbox"/> _____	<input type="checkbox"/> _____
Stucco	<input type="checkbox"/>	<input type="checkbox"/>
Stone	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Brick	<input checked="" 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 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 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 type="checkbox"/> _____	<input type="checkbox"/> _____
Tile (specify type)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Slate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Metal (specify type)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Other	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Primary Exterior Color	<u>RED & BROWN BRICK & STONE</u>	
Secondary (Trim) Color	<u>CREAM & GREY</u>	

Supporting Documentation


Please attach the following information. All written documentation should be double spaced, 12 point-font, justified.

The Historic Preservation Advisory Board requests that all plaques be mounted on the front façade of the approved building within thirty (30) days of receipt.

Permission of owner for plaque placement



Applicant Signature



Owner Signature

