



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 May 12, 2017

Name of Applicant Paul & Deanna Rearden
Address 613 W. Hunt, McKinney, TX 75069

Telephone (214) 392-8622
E-mail Address psrearden@aol.com

II. Owner Information (If different from Applicant)

Name of Owner - same -
Address _____

Telephone ()
E-mail Address _____

III. General Building Information

Name of Building Davenport House
Address of Building 613 West Hunt Street, McKinney, TX 75069

Date of Construction Known 1910 or Circa
(If not known provide approximate date Circa)

Architect/Designer unknown
Builder/Contractor unknown, possibly W.J. Higgins
Architectural Period/Style Late Queen Anne

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

McKinney Outlots, Lot OI 580

Does the building remain on its original site?

- Yes
 No (specify original location) _____

Indicate the original and adapted uses of the building.

Original Uses		Adapted Uses	
<input type="checkbox"/>	Agriculture _____	<input type="checkbox"/>	Agriculture _____
<input type="checkbox"/>	Commerce _____	<input type="checkbox"/>	Commerce _____
<input type="checkbox"/>	Education _____	<input type="checkbox"/>	Education _____
<input type="checkbox"/>	Government _____	<input type="checkbox"/>	Government _____
<input type="checkbox"/>	Healthcare _____	<input type="checkbox"/>	Healthcare _____
<input type="checkbox"/>	Industrial _____	<input type="checkbox"/>	Industrial _____
<input type="checkbox"/>	Recreation _____	<input type="checkbox"/>	Recreation _____
<input type="checkbox"/>	Religious _____	<input type="checkbox"/>	Religious _____
<input checked="" type="checkbox"/>	Residential _____	<input checked="" type="checkbox"/>	Residential _____
<input type="checkbox"/>	Social _____	<input type="checkbox"/>	Social _____
<input type="checkbox"/>	Transportation _____	<input type="checkbox"/>	Transportation _____

IV. Architectural Description

A. Physical Characteristics

	Original <u>2</u>	Current <u>2</u>
Number of stories	North	North
Orientation		
Floor Plan		
Open plan	<input type="checkbox"/>	<input type="checkbox"/>
L-plan	<input type="checkbox"/>	<input type="checkbox"/>
Modified L-plan	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
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) _____	<input type="checkbox"/>	<input type="checkbox"/>

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"/> wooden shiplap	<input checked="" type="checkbox"/> wooden shiplap
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 type="checkbox"/>	<input type="checkbox"/>
Aluminum Sash	<input type="checkbox"/>	<input type="checkbox"/>
Single-hung	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Double-hung	<input 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 checked="" type="checkbox"/> unknown	<input checked="" type="checkbox"/> composition
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	white	white
Secondary (Trim) Color	unknown	white