



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 Nov. 3, 2016
Name of Applicant CHARLES & SHARON CARTER
Address 412 W. LOUISIANA ST.
MCKINNEY, TX 75069
Telephone (972) 824-8232
E-mail Address c.cartertexas@gmail.com

II. Owner Information (If different from Applicant)

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

III. General Building Information

Name of Building DR. E. F. KING HOUSE
Address of Building 412 W. LOUISIANA ST.
MCKINNEY, TX 75069
Date of Construction Known or Circa 1917
(If not known provide approximate date Circa)
Architect/Designer _____
Builder/Contractor _____
Architectural Period/Style _____

Legal Property Description of Current Location (Lot and Block Numbers)
MCKINNEY OUTLOTS (CMC), LOT 519

FOR OFFICE USE ONLY:

Date Received: 11/3/2016 Preservation Priority: HIGH
File # 2016-016HTM Built Circa: 1916

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 _____
- Religious _____
- Residential _____
- Social _____
- Transportation _____

IV. Architectural Description

A. Physical Characteristics

	Original _____	Current _____
Number of stories	SOUTH	SOUTH
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hipped	<input type="checkbox"/>	<input 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"/> WOOD	<input checked="" type="checkbox"/> WOOD
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 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"/> WOOD	<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	UNKNOWN	LIGHT TAN
Secondary (Trim) Color	UNKNOWN	DARK BROWN