



# 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 \_\_\_\_\_  
Name of Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_  
E-mail Address \_\_\_\_\_

## II. Owner Information (If different from Applicant)

Name of Owner \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_  
E-mail Address \_\_\_\_\_

## III. General Building Information

Name of Building \_\_\_\_\_  
Address of Building \_\_\_\_\_  
Date of Construction Known \_\_\_\_\_ or Circa \_\_\_\_\_  
(If not known provide approximate date Circa )  
Architect/Designer \_\_\_\_\_  
Builder/Contractor \_\_\_\_\_  
Architectural Period/Style \_\_\_\_\_

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

<b><u>FOR OFFICE USE ONLY:</u></b>	
Date Received: _____	Preservation Priority: _____
File # _____	Built Circa: _____

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 type="checkbox"/> Residential _____	<input 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

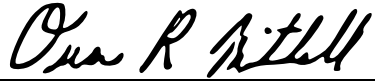
	Original	Current
Number of stories	_____	_____
Orientation	_____	_____
Floor Plan		
Open plan	<input type="checkbox"/>	<input type="checkbox"/>
L-plan	<input type="checkbox"/>	<input type="checkbox"/>
Modified L-plan	<input type="checkbox"/>	<input type="checkbox"/>
Center passage plan	<input type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Roof Type		
Gable	<input type="checkbox"/>	<input 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)

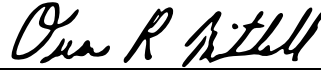
	Original	Current
<b>Construction</b>		
Frame	<input type="checkbox"/>	<input type="checkbox"/>
Solid Brick	<input type="checkbox"/>	<input type="checkbox"/>
Solid Stone	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<b>Foundation</b>		
Pier and Beam	<input type="checkbox"/>	<input 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"/> _____
<b>Exterior Wall Surface</b>		
Siding (specify type)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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"/> _____
<b>Windows</b>		
Wood Sash	<input type="checkbox"/>	<input 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"/> _____
<b>Roof Materials</b>		
Shingles (specify type)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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	_____	_____
Secondary (Trim) Color	_____	_____

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