



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 April 4, 2014
Name of Applicant Sharon Scott
Address 315 N. Waddill Street
McKinney, TX 75069
Telephone (214) 856-5345
E-mail Address sharon@peerpressure.com

II. Owner Information (If different from Applicant)

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

III. General Building Information

Name of Building W.C. Patterson House
Address of Building 315 N. Waddill Street
McKinney, TX 75069
Date of Construction Known 1926 or Circa _____
(If not known provide approximate date Circa)
Architect/Designer _____
Builder/Contractor Lee Elliott, Jr. of the J.T. Elliott Lumber Company
Architectural Period/Style English Cottage (Cotswold)

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

Waddill, Blk 8, Lot2a, .459 acres

FOR OFFICE USE ONLY:
Date Received: April 19, 2014 Preservation Priority: Med
File # 2014-00917m Built Circa: 1926 - actual

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	single-family	<input checked="" type="checkbox"/> Residential	single-family
<input type="checkbox"/> Social	_____	<input type="checkbox"/> Social	_____
<input type="checkbox"/> Transportation	_____	<input type="checkbox"/> Transportation	_____

IV. Architectural Description

A. Physical Characteristics

	Original 1	Current 2
Number of stories	_____	_____
Orientation	east-facing	east-facing
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 type="checkbox"/> _____	<input type="checkbox"/> _____
Stucco	<input type="checkbox"/>	<input type="checkbox"/>
Stone	<input type="checkbox"/>	<input type="checkbox"/>
Brick	<input checked="" type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/> unknown	<input checked="" type="checkbox"/> composition
Primary Exterior Color	tan brick	tan brick
Secondary (Trim) Color	unknown	green

1. Supporting Documentation

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

(see attached)

A. Alterations

List any known changes or modifications made to the property throughout its history.

B. Historical Figures/ Historical Information about individuals who are associated with the property.

List any historical figures associated with the property. Provide names and occupations.

C. Property Ownership

Legal description of property with a location map as well as a list all known owners of the property. Include original owner and subsequent owners.

D. Tenant History

List all known tenants of the property throughout its history.

E. Narrative History

Attach a narrative explanation of the chronological and historical development of the property. (See attached example.) The above information should be included as part of your narrative.

F. Drawings

- Provide a sketch of the current site plan. Include the proposed location of the historic plaque.
- Provide a sketch map indicating the nominated property and any related sites.
- Copies of Sanborn Maps TM showing the house's relationship to other homes and the footprint of the house

G. Photographs

Historic

- Provide at least one historic photograph of the property.

Current

- Provide at least one current photograph of the property illustrating in its surrounding context. For example, photograph the streetscape in which the building is included.
- Provide at least one photograph of each side of the building.

H. Additional Information


Provide any additional information that supports the application. This may include copies of architectural drawings, letters, oral histories, newspaper/magazine articles, etc.


I. References

Attach a list of the books, articles, Sanborn Maps TM, newspapers, and other sources used in preparing this form. (See a list of possible references after the signature page.)

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