



# 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 6 November 2013  
Name of Applicant WILLIAM PURNELL THEDFORD  
Address 505 W. HUNT ST  
McKINNEY TEXAS 75069  
Telephone (214) 293-5546  
E-mail Address B.TEDFORDS@GMAIL.COM

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

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

## III. General Building Information

Name of Building STEE - PURNELL - THEDFORD HOUSE  
Address of Building 505 W. HUNT ST MCKINNEY TX 75069  
Date of Construction Known or Circa 1913  
(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 R092600060001  
MCKINNEY OUTLOTS LOT 6000 + 6

Does the building remain on its original site?

Yes

No (specify original location) \_\_\_\_\_

Case# 2013-017 HTM  
Preservation - MEDIUM

DATE 11-6-13

Built Criteria - 1930

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

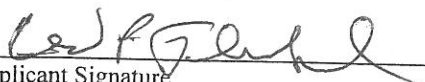
	Original	Current
Number of stories	<u>2</u>	<u>2</u>
Orientation	<u>NORTH</u>	<u>NORTH</u>
Floor Plan		
Open plan	<input type="checkbox"/>	<input type="checkbox"/>
L-plan	<input type="checkbox"/>	<input type="checkbox"/>
Modified L-plan	<input type="checkbox"/>	<input type="checkbox"/>
Center passage 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 checked="" type="checkbox"/> <u>CUT UP CIRCA 1910</u>	<input checked="" type="checkbox"/> <u>SAME</u>
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
<b>Construction</b>		
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"/> _____
<b>Foundation</b>		
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"/> _____
<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wood Shingle	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/> <u>COMP</u>	<input checked="" type="checkbox"/> <u>COMP</u>
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"/> _____
<b>Primary Exterior Color</b>	<u>WHITE</u>	<u>RED BRICK</u>
<b>Secondary (Trim) Color</b>	<u>WHITE</u>	<u>BARR RED</u>

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