



# 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 1/31/19  
Name of Applicant Chris and Kirsten Tovar  
Address 603 N Kentucky St  
McKinney TX 75069  
Telephone (512) 554-8484  
E-mail Address christophergt78@gmail.com

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

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

## III. General Building Information

Name of Building \_\_\_\_\_  
Address of Building 603 N Kentucky St  
McKinney TX 75069  
Date of Construction Known or Circa 1910  
(If not known provide approximate date Circa )  
Architect/Designer N/A  
Builder/Contractor W.E. Ditt  
Architectural Period/Style Classic revival

Legal Property Description of Current Location (Lot and Block Numbers)  
McKinney Outlots, Lot 689

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

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##### A. Physical Characteristics

	Original	Current
Number of stories	<u>one</u>	<u>one</u>
Orientation	<u>East facing</u>	<u>East facing</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 checked="" type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/> weather board	<input checked="" type="checkbox"/> weather board
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 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 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"/> composition	<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"/> _____
<b>Primary Exterior Color</b>	<u>likely white</u>	<u>Blue</u>
<b>Secondary (Trim) Color</b>	_____	<u>Dark Blue</u>

## **1. Supporting Documentation**

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

### **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™ 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™, newspapers, and other sources used in preparing this form. (See a list of possible references after the signature page.)


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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

