



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. 19, 2015
Name of Applicant Rico Munoz
Address 1208 Tucker Street, McKinney, TX 75069
Telephone (916) 202-5161
E-mail Address julia.d.munoz@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 Dr. J. Knight House
Address of Building 1208 Tucker Street, McKinney, TX 75069
Date of Construction Known 1915 or Circa
(If not known provide approximate date Circa)
Architect/Designer unknown
Builder/Contractor unknown
Architectural Period/Style Craftsman bungalow

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

Fox G W, Blk 3 Replat w 1/2, Lot 1

Does the building remain on its original site?

Yes

No (specify original location) _____

2015-017 H T M

M E D

12/02/15

1920

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 <u>2</u>	Current <u>2</u>
Number of stories	<u>South</u>	<u>South</u>
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 checked="" type="checkbox"/> <u>modified center passage</u>	<input checked="" type="checkbox"/> <u>modified center passage</u>
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 checked="" type="checkbox"/> <u>Clipped Gable</u>	<input checked="" type="checkbox"/> <u>Clipped Gable</u>

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 type="checkbox"/>	<input type="checkbox"/>
Aluminum Sash	<input type="checkbox"/>	<input type="checkbox"/>
Single-hung	<input checked="" type="checkbox"/>	<input checked="" 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"/> ?	<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	_____ ? _____	_____ light green _____
Secondary (Trim) Color	_____ ? _____	_____ white _____

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

Julian D. Mung
Applicant Signature

Julian D. Mung
Owner Signature