



City of McKinney HTM
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 Feb. 4, 2016
Name of Applicant Sharon M. Daerr
Address 110 Mud Creek Cove, Georgetown, TX 78633
Telephone (214) 212-7113
E-mail Address sherrydaerr@me.com

II. Owner Information (If different from Applicant)

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

III. General Building Information

Name of Building Joe Largent House
Address of Building 105 North Benge Street, McKinney, TX 75069
Date of Construction Known 1925 or Circa
(If not known provide approximate date Circa)
Architect/Designer unknown
Builder/Contractor J. Ed Michael
Architectural Period/Style Tudor/Cotswold Style

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

McKinney Original Donation, Blk. 52, Lot 211 & 224A

Does the building remain on its original site?

Yes

No (specify original location) _____

02-04-2016

"A"

Case # 2016-004 HTM

1925

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>East</u>	<u>East</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>Simple Square</u>	<input checked="" type="checkbox"/> <u>Simple Square</u>
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 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 checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Metal (specify type)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Other	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Primary Exterior Color	<u>natural red brick mix</u>	<u>natural red brick mix</u>
Secondary (Trim) Color	<u>brown</u>	<u>brown</u>

1. Supporting Documentation

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.)

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

X Sharon Sherr
Applicant Signature

X Sharon Darr
Owner Signature