



# 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 July 9, 2015

Name of Applicant Doreen Christenson

Address 617 N. Church St., McKinney, TX 75069

Telephone ( 972 ) 841-2708

E-mail Address ladolcevitachristensen@msn.com

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

Name of Owner - same -

Address \_\_\_\_\_

Telephone ( )

E-mail Address \_\_\_\_\_

## III. General Building Information

Name of Building McKenney-Stewart House

Address of Building 617 North Church Street, McKinney, TX 75069

Date of Construction Known 1914 or Circa  
(If not known provide approximate date Circa )

Architect/Designer unknown

Builder/Contractor unknown

Architectural Period/Style eclectic, Cottage Style

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

WA & J C Rhea, Lot 3b aka Lot 4

Does the building remain on its original site?

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

7-13-2015  
 2015-009 HTM  
 1935 - LOW

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 1	Current 1
Number of stories	East	East
Orientation	East	East
Floor Plan		
Open plan	<input type="checkbox"/>	<input type="checkbox"/>
L-plan	<input type="checkbox"/>	<input type="checkbox"/>
Modified L-plan	<input checked="" type="checkbox"/>	<input checked="" 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 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
<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"/> 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"/> _____
<b>Windows</b>		
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"/> _____
<b>Roof Materials</b>		
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	white	tan
Secondary (Trim) Color	white	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.

Doreen E. Christensen  
Applicant Signature

Permission of owner for plaque placement   
Doreen E. Christensen  
Owner Signature