



## 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 Oct. 21, 2022

Name of Applicant Robert & Paula Smith

Address 215 N. Morris Street, McKinney, TX 75069

Telephone ( 310 ) 261-4143

E-mail Address roberts3d@hotmail.com

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

Name of Owner - same -

Address \_\_\_\_\_

Telephone ( )

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

### III. General Building Information

Name of Building Fred Coffey House

Address of Building 215 N. Morris St. McKinney, TX 75069

Date of Construction Known 1915 or Circa  
(If not known provide approximate date Circa )

Architect/Designer unknown

Builder/Contractor Arthur W. Dowlen

Architectural Period/Style Craftsman Style Bungalow

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

Waddill Addition, Blk 4, Lot 2b

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

##### A. Physical Characteristics

	Original 1	Current 1
	East	East
Number of stories		
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 checked="" type="checkbox"/>	<input checked="" 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
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 plank	<input checked="" type="checkbox"/> wood plank
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	white	white
Secondary (Trim) Color	white	pale green

## **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 <sup>TM</sup> 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 <sup>TM</sup>, 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 ☒

X

Robert W. Smist

Applicant Signature

X

Robert W. Smist

Owner Signature