

# APPLICATION for CERTIFICATE of ELIGIBILITY for HNIZ TAX INCENTIVE PROGRAM City of McKinney, Texas

**OWNER:**

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ADDRESS OF PROPERTY BEING CONSIDERED: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE LEVEL THAT APPLIES:**



Level 1



Level 2



Level 3

**REQUIRED ATTACHMENTS:**



Letter of intent



Legal description of Property



Cost Estimates



Photographs of Property



Certificate of Appropriateness



Approved Marker

(If Applicable)

**ALL ATTACHMENTS SHOULD BE 11" x 17" OR SMALLER.**

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a Certificate of Eligibility does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. All work is subject to verification.

Owner's Signature: \_\_\_\_\_

**X**

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Return all forms and documentation to the Historic Preservation Office, Development Services Building.  
221 N. Tennessee St. McKinney, TX 75069

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

File # \_\_\_\_\_

Preservation Priority

Built Circa: \_\_\_\_\_



PLANNING DEPARTMENT

HISTORIC NEIGHBORHOOD IMPROVEMENT ZONE  
TAX EXEMPTION PROGRAM  
APPLICATION FOR LETTER OF ELIGIBILITY

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED  
PLEASE REFER TO THE "LIST OF REQUIRED ATTACHMENTS"

By signing this Application for a Letter of Eligibility for the Historic Neighborhood Improvement Zone (HNIZ) Tax Exemption Program, the applicant affirms:

1. All submitted information for this application represents an accurate description of the proposed work.
2. Filing an application does not guarantee approval of a Letter of Eligibility.
3. It is understood that approval of this application by the Historic Preservation Officer in no way constitutes approval of a building permit or other required City permit approvals.
4. The applicant certifies that the project described in this application will be constructed in exact

ADDRESS OF PROPERTY: \_\_\_\_\_

OWNER: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

OWNER SIGNATURE:  \_\_\_\_\_

REQUIRED ATTACHMENTS:

- Photographs of all 4 elevations
- Letter outlining proposed work

- Historical Marker Application (Level 1 Exemption only)

\* Please note a Certificate of Appropriateness may be required for any proposed work\*

TAX EXEMPTION LEVEL REQUESTED:

Level 1

Level 2

Level 3



# 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

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Date of Submittal \_\_\_\_\_  
Name of Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_  
E-mail Address \_\_\_\_\_

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

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

## III. General Building Information

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Name of Building \_\_\_\_\_  
Address of Building \_\_\_\_\_  
Date of Construction Known \_\_\_\_\_ or Circa \_\_\_\_\_  
(If not known provide approximate date Circa )  
Architect/Designer \_\_\_\_\_  
Builder/Contractor \_\_\_\_\_  
Architectural Period/Style \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 type="checkbox"/> Residential _____	<input 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	_____	_____
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 type="checkbox"/> _____	<input type="checkbox"/> _____
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 type="checkbox"/> _____	<input type="checkbox"/> _____

**B. Materials** (Please check all that apply)

	Original	Current
<b>Construction</b>		
Frame	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>
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	_____	_____
Secondary (Trim) Color	_____	_____

## 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.

X

\_\_\_\_\_  
Applicant Signature

Permission of owner for plaque placement

X

\_\_\_\_\_  
Owner Signature