

**United States Department of the Interior**  
National Park Service

# National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form*. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions.

**1. Name of Property**

Historic name: \_\_\_\_\_

Other names/site number: \_\_\_\_\_

Name of related multiple property listing: \_\_\_\_\_

(Enter "N/A" if property is not part of a multiple property listing)

**2. Location**

Street & number: \_\_\_\_\_

City or town: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Not For Publication:  Vicinity:

**3. State/Federal Agency Certification**

As the designated authority under the National Historic Preservation Act, as amended,

I hereby certify that this \_\_\_ nomination \_\_\_ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.

In my opinion, the property \_\_\_ meets \_\_\_ does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance:

\_\_\_ **national**      \_\_\_ **statewide**      \_\_\_ **local**

Applicable National Register Criteria:

\_\_\_ **A**      \_\_\_ **B**      \_\_\_ **C**      \_\_\_ **D**

_____ <b>Signature of certifying official/Title:</b>	_____ <b>Date</b>
_____ <b>State or Federal agency/bureau or Tribal Government</b>	

In my opinion, the property ___ meets ___ does not meet the National Register criteria.	
_____ <b>Signature of commenting official:</b>	_____ <b>Date</b>
_____ <b>Title :</b>	
_____ <b>State or Federal agency/bureau or Tribal Government</b>	

\_\_\_\_\_  
Name of Property

\_\_\_\_\_  
County and State

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**4. National Park Service Certification**

I hereby certify that this property is:

- entered in the National Register
- determined eligible for the National Register
- determined not eligible for the National Register
- removed from the National Register
- other (explain:) \_\_\_\_\_

\_\_\_\_\_  
Signature of the Keeper

\_\_\_\_\_  
Date of Action

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**5. Classification**

**Ownership of Property**

(Check as many boxes as apply.)

- Private:
- Public – Local
- Public – State
- Public – Federal

**Category of Property**

(Check only **one** box.)

- Building(s)
- District
- Site
- Structure
- Object

\_\_\_\_\_  
Name of Property

\_\_\_\_\_  
County and State

**Number of Resources within Property**

(Do not include previously listed resources in the count)

Contributing	Noncontributing	
_____	_____	buildings
_____	_____	sites
_____	_____	structures
_____	_____	objects
_____	_____	Total

Number of contributing resources previously listed in the National Register \_\_\_\_\_

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**6. Function or Use**

**Historic Functions**

(Enter categories from instructions.)

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

**Current Functions**

(Enter categories from instructions.)

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

\_\_\_\_\_  
Name of Property

\_\_\_\_\_  
County and State

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## 7. Description

### Architectural Classification

(Enter categories from instructions.)

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

**Materials:** (enter categories from instructions.)

Principal exterior materials of the property: \_\_\_\_\_

### Narrative Description

(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity.)

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### Summary Paragraph

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Name of Property

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County and State

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**Narrative Description**

\_\_\_\_\_  
Name of Property

\_\_\_\_\_  
County and State

## 8. Statement of Significance

### Applicable National Register Criteria

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)

- A. Property is associated with events that have made a significant contribution to the broad patterns of our history.
- B. Property is associated with the lives of persons significant in our past.
- C. Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- D. Property has yielded, or is likely to yield, information important in prehistory or history.

### Criteria Considerations

(Mark "x" in all the boxes that apply.)

- A. Owned by a religious institution or used for religious purposes
- B. Removed from its original location
- C. A birthplace or grave
- D. A cemetery
- E. A reconstructed building, object, or structure
- F. A commemorative property
- G. Less than 50 years old or achieving significance within the past 50 years

\_\_\_\_\_  
Name of Property

\_\_\_\_\_  
County and State

**Areas of Significance**  
(Enter categories from instructions.)

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

**Period of Significance**

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

**Significant Dates**

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

**Significant Person**  
(Complete only if Criterion B is marked above.)

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

**Cultural Affiliation**

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

**Architect/Builder**

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

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Name of Property

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County and State

**Statement of Significance Summary Paragraph** (Provide a summary paragraph that includes level of significance, applicable criteria, justification for the period of significance, and any applicable criteria considerations.)

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**Narrative Statement of Significance** (Provide at least **one** paragraph for each area of significance.)



\_\_\_\_\_  
Name of Property

\_\_\_\_\_  
County and State

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## 9. Major Bibliographical References

**Bibliography** (Cite the books, articles, and other sources used in preparing this form.)

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### Previous documentation on file (NPS):

- preliminary determination of individual listing (36 CFR 67) has been requested
- previously listed in the National Register
- previously determined eligible by the National Register
- designated a National Historic Landmark
- recorded by Historic American Buildings Survey # \_\_\_\_\_
- recorded by Historic American Engineering Record # \_\_\_\_\_
- recorded by Historic American Landscape Survey # \_\_\_\_\_

### Primary location of additional data:

- State Historic Preservation Office
  - Other State agency
  - Federal agency
  - Local government
  - University
  - Other
- Name of repository: \_\_\_\_\_

**Historic Resources Survey Number (if assigned):** \_\_\_\_\_

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## 10. Geographical Data

**Acreage of Property** \_\_\_\_\_

\_\_\_\_\_  
Name of Property

\_\_\_\_\_  
County and State

Use either the UTM system or latitude/longitude coordinates

**Latitude/Longitude Coordinates**

Datum if other than WGS84: \_\_\_\_\_

(enter coordinates to 6 decimal places)

- |              |            |
|--------------|------------|
| 1. Latitude: | Longitude: |
| 2. Latitude: | Longitude: |
| 3. Latitude: | Longitude: |
| 4. Latitude: | Longitude: |

**Or**

**UTM References**

Datum (indicated on USGS map):

NAD 1927 or  NAD 1983

- |          |           |           |
|----------|-----------|-----------|
| 1. Zone: | Easting:  | Northing: |
| 2. Zone: | Easting:  | Northing: |
| 3. Zone: | Easting:  | Northing: |
| 4. Zone: | Easting : | Northing: |

**Verbal Boundary Description** (Describe the boundaries of the property.)

\_\_\_\_\_  
Name of Property

\_\_\_\_\_  
County and State

**Boundary Justification** (Explain why the boundaries were selected.)

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**11. Form Prepared By**

name/title: \_\_\_\_\_  
organization: \_\_\_\_\_  
street & number: \_\_\_\_\_  
city or town: \_\_\_\_\_ state: \_\_\_\_\_ zip code: \_\_\_\_\_  
e-mail \_\_\_\_\_  
telephone: \_\_\_\_\_  
date: \_\_\_\_\_

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**Additional Documentation**

Submit the following items with the completed form:

- **Maps:** A **USGS map** or equivalent (7.5 or 15 minute series) indicating the property's location.
- **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
- **Additional items:** (Check with the SHPO, TPO, or FPO for any additional items.)

\_\_\_\_\_  
Name of Property

\_\_\_\_\_  
County and State

### **Photographs**

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels (minimum), 3000x2000 preferred, at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map. Each photograph must be numbered and that number must correspond to the photograph number on the photo log. For simplicity, the name of the photographer, photo date, etc. may be listed once on the photograph log and doesn't need to be labeled on every photograph.

### **Photo Log**

Name of Property:

City or Vicinity:

County:

State:

Photographer:

Date Photographed:

Description of Photograph(s) and number, include description of view indicating direction of camera:

1 of \_\_\_\_.

**Paperwork Reduction Act Statement:** This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.).

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 100 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management, U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.