

HISTORIC RESOURCES SURVEY FORM

1. Identification

County \_\_\_\_\_ City \_\_\_\_\_

Current name \_\_\_\_\_ Historic name \_\_\_\_\_

Address \_\_\_\_\_

Owner/address \_\_\_\_\_

Photo data: Roll \_\_\_\_\_ Frame \_\_\_\_\_ to Roll \_\_\_\_\_ Frame \_\_\_\_\_

Current Designations:  NR  NR District (Is property contributing?  Yes  No)  RTHL  HTC  SAL  Local  Other

Recorded by: \_\_\_\_\_ Date recorded: \_\_\_\_\_

General architectural description \_\_\_\_\_

Outbuildings (Specify number and type):

Garage \_\_\_\_\_ Barn \_\_\_\_\_ Shed \_\_\_\_\_ Other \_\_\_\_\_

Archeological evidence of outbuildings, specify \_\_\_\_\_

Landscape/site features:

Sidewalks  Terracing  Drives  Well/cistern  Gardens  Other \_\_\_\_\_

2. Architectural Description

Stylistic Influence(s):

- |                                          |                                              |                                         |                                           |                                           |
|------------------------------------------|----------------------------------------------|-----------------------------------------|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Log Traditional | <input type="checkbox"/> Shingle             | <input type="checkbox"/> Gothic Revival | <input type="checkbox"/> Pueblo Revival   | <input type="checkbox"/> International    |
| <input type="checkbox"/> Greek Revival   | <input type="checkbox"/> Romanesque Revival  | <input type="checkbox"/> Tudor Revival  | <input type="checkbox"/> Spanish Colonial | <input type="checkbox"/> Post-war Modern  |
| <input type="checkbox"/> Italianate      | <input type="checkbox"/> Folk Victorian      | <input type="checkbox"/> Neo-Classical  | <input type="checkbox"/> Prairie          | <input type="checkbox"/> Ranch Style      |
| <input type="checkbox"/> Second Empire   | <input type="checkbox"/> Colonial Revival    | <input type="checkbox"/> Beaux Arts     | <input type="checkbox"/> Craftsman        | <input type="checkbox"/> Commercial Style |
| <input type="checkbox"/> Eastlake        | <input type="checkbox"/> Renaissance Revival | <input type="checkbox"/> Mission        | <input type="checkbox"/> Art Deco         | <input type="checkbox"/> No Style         |
| <input type="checkbox"/> Queen Anne      | <input type="checkbox"/> Exotic Revival      | <input type="checkbox"/> Monterey       | <input type="checkbox"/> Moderne          | <input type="checkbox"/> Other _____      |

Structural Details:

| Roof Type:                                                                                                                                                                                                                                                                                                                                                           | Wall Facade:                                                                                                                                                                                                                                                                                                                                                                                                                                              | Windows:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Plan:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Gable<br><input type="checkbox"/> Hipped<br><input type="checkbox"/> Gambrel<br><input type="checkbox"/> Shed<br><input type="checkbox"/> Flat w/parapet<br><input type="checkbox"/> Dormers:<br><input type="checkbox"/> gable<br><input type="checkbox"/> hipped<br><input type="checkbox"/> shed<br><input type="checkbox"/> Other _____ | _____ Number of bays<br><input type="checkbox"/> Stucco<br><input type="checkbox"/> Stone<br><input type="checkbox"/> Brick<br><input type="checkbox"/> Wood shingle<br><input type="checkbox"/> Log<br><input type="checkbox"/> Terra Cotta<br><input type="checkbox"/> Metal<br><input type="checkbox"/> Siding, type _____<br><input type="checkbox"/> Fieldstone veneer<br><input type="checkbox"/> Awning(s)<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Fixed<br><input type="checkbox"/> Wood sash<br><input type="checkbox"/> Double hung<br><input type="checkbox"/> Casement<br><input type="checkbox"/> Aluminum sash<br><input type="checkbox"/> Decorative screenwork<br><input type="checkbox"/> Other _____<br><b>Doors:</b><br><input type="checkbox"/> Single-door primary entrance<br><input type="checkbox"/> Double-door primary entrance<br><input type="checkbox"/> With transom<br><input type="checkbox"/> With sidelights<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> L-plan <input type="checkbox"/> 2-room<br><input type="checkbox"/> T-plan <input type="checkbox"/> Open<br><input type="checkbox"/> Modified L-plan<br><input type="checkbox"/> Center passage<br><input type="checkbox"/> Bungalow<br><input type="checkbox"/> Shotgun<br><input type="checkbox"/> Irregular<br><input type="checkbox"/> Four Square<br><input type="checkbox"/> Rectangular<br><input type="checkbox"/> Other _____<br><b>Foundation:</b><br><input type="checkbox"/> Slab <input type="checkbox"/> Pier and beam<br><input type="checkbox"/> Perimeter wall<br><input type="checkbox"/> Other _____ |
| Roof Materials:                                                                                                                                                                                                                                                                                                                                                      | Chimneys:                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Porches:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> Wood shingles<br><input type="checkbox"/> Tile<br><input type="checkbox"/> Composition shingles<br><input type="checkbox"/> Metal _____<br><input type="checkbox"/> Other _____                                                                                                                                                             | _____ Specify number(s)<br><input type="checkbox"/> Interior<br><input type="checkbox"/> Exterior<br><input type="checkbox"/> Brick<br><input type="checkbox"/> Stone<br><input type="checkbox"/> With corbelled caps<br><input type="checkbox"/> Stuccoed<br><input type="checkbox"/> Other _____                                                                                                                                                        | <input type="checkbox"/> Shed roof<br><input type="checkbox"/> Hipped roof<br><input type="checkbox"/> Gable roof<br><input type="checkbox"/> Inset<br><input type="checkbox"/> Wood posts<br><input type="checkbox"/> Brick piers<br><input type="checkbox"/> Box columns<br><input type="checkbox"/> Classical columns<br><input type="checkbox"/> Tapered box supports<br><input type="checkbox"/> Fabricated metal<br><input type="checkbox"/> Spindlework<br><input type="checkbox"/> Jig-sawn trim<br><input type="checkbox"/> Other _____      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Construction:                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> Frame<br><input type="checkbox"/> Adobe<br><input type="checkbox"/> Solid brick<br><input type="checkbox"/> Solid stone<br><input type="checkbox"/> Other _____                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

Stories: \_\_\_\_\_ Basement:  None  Partial  Full Dimensions: L \_\_\_\_\_ x W \_\_\_\_\_ = Square feet \_\_\_\_\_

3. Integrity

- Location  Design  Materials  Workmanship  Setting  Feeling  Association

**4. Function**

**Historic Use:**  Agriculture  Commerce/trade  Defense  Domestic  Educational  Government  Healthcare  
 Industry/processing  Recreation/culture  Religious  Social  Other \_\_\_\_\_

**Current Use:**  Agriculture  Commerce/trade  Defense  Domestic  Educational  Government  Healthcare  
 Industry/processing  Recreation/culture  Religious  Social  Vacant  Other \_\_\_\_\_

**5. Architectural History**

Architect: \_\_\_\_\_ Builder: \_\_\_\_\_

Construction date: \_\_\_\_\_  Actual  Estimated Source: \_\_\_\_\_

Additions/modifications, specify dates: \_\_\_\_\_

Relocated, specify former location and reason: \_\_\_\_\_

Other associated contexts and information of interest: \_\_\_\_\_

**6. Archeology Ground**

Original state  Disturbed Explain \_\_\_\_\_

**Is a State Archeological Survey Form available for this site?**  Yes  No  Not known

Details: \_\_\_\_\_

**7. Other Information**

**Is prior documentation available for this resource?**  Yes  No  Not known **Type:**  HABS  Survey  Other \_\_\_\_\_

Details: \_\_\_\_\_

**Accessible to the public:**  Yes  No  Not known **Possible threat(s):**  None  Damage (i.e. natural disaster)  Neglect

Development  Major alteration  Relocation  Other \_\_\_\_\_ \* **Note:** Also see Endangered Historic Property Identification Form

**8. Geographic Information**

USGS quad #: \_\_\_\_\_ Year: \_\_\_\_\_ Map scale: \_\_\_\_\_

UTM zone: \_\_\_\_\_ Easting: \_\_\_\_\_ Northing: \_\_\_\_\_

Legal description (Lot/Block): \_\_\_\_\_

Addition: \_\_\_\_\_ Year of addition: \_\_\_\_\_

**9. Significance**

**Applicable National Register (NR) criteria:**

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

**Areas of significance:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Period(s) of significance:** \_\_\_\_\_

**Level of significance:**  National  State  Local

**Possible NR district:**  Yes  No **Is property contributing?**  Yes  No

**10. Priority** (See manual for definitions.)  High  Medium  Low

Explain \_\_\_\_\_  
\_\_\_\_\_

**Questions?**

Contact survey coordinator  
History Programs Division, Texas Historical Commission  
at 512/463-5853 or history@thc.state.tx.us.

