

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



**TEXAS
HISTORICAL
COMMISSION**

The State Agency for Historic Preservation

www.thc.state.tx.us