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Form 10-300
(Dec. 1968)

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

N. R. FIELD SHEET

Md. Historical Trust
94 College Ave.
Annapolis, Md. 21401

NATIONAL REGISTER OF HISTORIC PLACES INVENTORY – NOMINATION FORM

(Type all entries – complete applicable sections)

STATE:	
COUNTY:	
FOR NPS USE ONLY	
ENTRY NUMBER	DATE

1. NAME

COMMON: Cherry Hill (SITE)

AND/OR HISTORIC:

2. LOCATION

STREET AND NUMBER: Fire Tower Road, on property known as Rosemary Lawn (?)

CITY OR TOWN: vic. McConchie

STATE	CODE	COUNTY:	CODE
MD.		Chas.	

3. CLASSIFICATION

CATEGORY (Check One)		OWNERSHIP		STATUS	ACCESSIBLE TO THE PUBLIC
District ☐	Building ☑	Public ☐	Public Acquisition:	Occupied ☐	Yes:
Site ☐	Structure ☐	Private ☑	In Process ☐	Unoccupied ☑	Restricted ☐
Object ☐		Both ☐	Being Considered ☐	Preservation work in progress ☐	Unrestricted ☐
					No: ☑

PRESENT USE *(Check One or More as Appropriate)*

Agricultural	☐	Government	☐	Park	☐	Transportation	☐	Comments	☑
Commercial	☐	Industrial	☐	Private Residence	☐	Other *(Specify)*	☐	ABD	
Educational	☐	Military	☐	Religious	☐				
Entertainment	☐	Museum	☐	Scientific	☐				

4. OWNER OF PROPERTY

OWNERS NAME: Mrs Lonie P. Dodson (?)

STREET AND NUMBER: Rosemary Lawn

CITY OR TOWN:	STATE:	CODE
McConchie	Md.	

5. LOCATION OF LEGAL DESCRIPTION

COURTHOUSE, REGISTRY OF DEEDS, ETC: Chas. Co.

STREET AND NUMBER:

CITY OR TOWN:	STATE	CODE
LaPlata	Md.	

ACREAGE — APPROXIMATE ACREAGE OF NOMINATED PROPERTY:

6. REPRESENTATION IN EXISTING SURVEYS

TITLE OF SURVEY:

DATE OF SURVEY: Federal ☐ State ☐ County ☐ Local ☐

DEPOSITORY FOR SURVEY RECORDS:

STREET AND NUMBER:

CITY OR TOWN:	STATE:	CODE

STATE: COUNTY:

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7. DESCRIPTION

CONDITION	(Check One) Excellent ☐	Good ☐	Foir ☐	Deterioroted ☐	Ruins ☑	Unexposed ☐
INTEGRITY	(Check One) Altered ☐	Unaltered ☑		(Check One) Moved ☐	Originol Site ☑	

DESCRIBE THE PRESENT AND ORIGINAL (*If known*) PHYSICAL APPEARANCE

(Site yet to be visited – description and date given by Watson Perryjoy, Port Tobacco, Md.)

One story, frame. Dormered "A" frame roof. End hall with flanking double parlor. Double end chimney. Ca. 1800.

Collapsed roof but interior remains intact.

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8. SIGNIFICANCE

PERIOD *(Check One or More as Appropriate)*

Pre-Columbian	☐	16th Century	☐	poss 18th Century	☑	20th Century	☐
15th Century	☐	17th Century	☐	19th Century	☑		

SPECIFIC DATE(S) *(If Applicable and Known)*

AREAS OF SIGNIFICANCE *(Check One or More as Appropriate)*

Aboriginal		Education	☐	Politicol	☐	Urbon Planning	☐
Prehistoric	☐	Engineering	☐	Religion/Philosophy	☐	Other *(Specify)*	☐
Historic	☐	Industry	☐	Science	☐		
Agriculture	☐	Invention	☐	Sculpture	☐		
Art	☐	Landscape Architecture	☐	Social/Humonitarian	☐		
Commerce	☐	Literature	☐	Theater	☐		
Communications	☐	Military	☐	Transportation	☐		
Conservation	☐	Music	☐				
Architecture	☐						

STATEMENT OF SIGNIFICANCE *(Include Personages, Dates, Events, Etc.)*

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9. MAJOR BIBLIOGRAPHICAL REFERENCES

10. GEOGRAPHICAL DATA

LATITUDE AND LONGITUDE COORDINATES DEFINING A RECTANGLE LOCATING THE PROPERTY									OR	LATITUDE AND LONGITUDE COORDINATES DEFINING THE CENTER POINT OF A PROPERTY OF LESS THAN ONE ACRE					
CORNER	LATITUDE			LONGITUDE						LATITUDE			LONGITUDE		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds				Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
NW	°	'	"	°	'	"				°	'	"	°	'	"
NE	°	'	"	°	'	"									
SE	°	'	"	°	'	"									
SW	°	'	"	°	'	"									

LIST ALL STATES AND COUNTIES FOR PROPERTIES OVERLAPPING STATE OR COUNTY BOUNDARIES

STATE:	CODE	COUNTY	CODE
STATE:	CODE	COUNTY:	CODE
STATE:	CODE	COUNTY:	CODE
STATE:	CODE	COUNTY:	CODE

11. FORM PREPARED BY

NAME AND TITLE: Rivoire

ORGANIZATION: MHT

DATE: 2/72

STREET AND NUMBER:

CITY OR TOWN:

STATE

CODE

12. STATE LIAISON OFFICER CERTIFICATION

As the designated State Liaison Officer for the National Historic Preservation Act of 1966 (Public Law 89-665), I hereby nominate this property for inclusion in the National Register and certify that it has been evaluated according to the criteria and procedures set forth by the National Park Service. The recommended level of significance of this nomination is:

National ☐ State ☐ Local ☐

Name _____

Title _____

Date _____

NATIONAL REGISTER VERIFICATION

I hereby certify that this property is included in the National Register.

_____

Chief, Office of Archeology and Historic Preservation

Date _____

ATTEST:

_____

Keeper of The National Register

Date _____