

1303681305

44 262

MD. HISTORICAL TRUST
BOX 1704
ANNAPOLIS, MD. 21404

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: Medical Hall leg cornhouse
 AND/OR HISTORIC:

2. LOCATION

STREET AND NUMBER: Medical Hall Road, about 1.2 miles east of
 CITY OR TOWN: Churchville Thomas Run Road.
 STATE: Maryland COUNTY: Harpers

3. CLASSIFICATION

CATEGORY (Check One)	OWNERSHIP	STATUS	ACCESSIBLE TO THE PUBLIC
District <input type="checkbox"/> Building <input checked="" type="checkbox"/> Site <input type="checkbox"/> Structure <input type="checkbox"/> Object <input type="checkbox"/>	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Bath <input type="checkbox"/>	Public Acquisition: <input type="checkbox"/> In Process <input type="checkbox"/> Being Considered <input type="checkbox"/>	Occupied/In Use <input checked="" type="checkbox"/> Unoccupied <input type="checkbox"/> Preservation work in progress <input type="checkbox"/>
PRESENT USE (Check One or More as Appropriate)			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<input checked="" type="checkbox"/> Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Entertainment	<input type="checkbox"/> Government <input type="checkbox"/> Industrial <input type="checkbox"/> Military <input type="checkbox"/> Museum	<input type="checkbox"/> Park <input type="checkbox"/> Private Residence <input type="checkbox"/> Religious <input type="checkbox"/> Scientific	<input type="checkbox"/> Transportation <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

4. OWNER OF PROPERTY

OWNERS NAME: Miss Anne Hall
 STREET AND NUMBER: "Medical Hall"
 CITY OR TOWN: Bel Air RFD STATE: Maryland 21014

5. LOCATION OF LEGAL DESCRIPTION

COURTHOUSE, REGISTRY OF DEEDS, ETC.: CLERK OF THE CIRCUIT COURT
 STREET AND NUMBER: HARFORD COUNTY
 CITY OR TOWN: BEL AIR STATE: MARYLAND

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:
 ENTRY NUMBER
 DATE
 FOR NPS USE ONLY

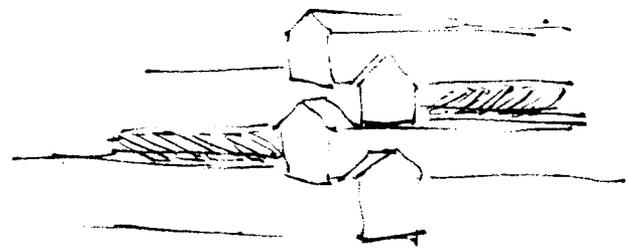
7. DESCRIPTION

CONDITION	(Check One)					
	Excellent <input type="checkbox"/>	Good <input checked="" type="checkbox"/>	Fair <input type="checkbox"/>	Deteriorated <input type="checkbox"/>	Ruins <input type="checkbox"/>	Unexposed <input type="checkbox"/>
INTEGRITY	(Check One)			(Check One)		
	Altered <input type="checkbox"/>	Unaltered <input checked="" type="checkbox"/>		Moved <input type="checkbox"/>	Original Site <input checked="" type="checkbox"/>	

DESCRIBE THE PRESENT AND ORIGINAL (if known) PHYSICAL APPEARANCE

One storied log structure about 15' x 8' with a peaked roof ridgeline running north-south, there is a wide door on the south end for storage of wagons, ~~and~~ a door in the north end about 12 feet above ground, about 5' x 4', has two logs under a high door sill for extra security in construction. There is a small window in each long side, high.

Logs are fitted to within three to five inches of each other in most places, and checked with diagonal shingle-like checks of cedar as sketched below.



9. SIGNIFICANCE

PERIOD (Check One or More as Appropriate)

Pre-Columbian 16th Century 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)

Abar iginal <input type="checkbox"/>	Education <input type="checkbox"/>	Political <input type="checkbox"/>	Urban Planning <input type="checkbox"/>
Prehistoric <input type="checkbox"/>	Engineering <input type="checkbox"/>	Religion/Phi- lasophy <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>
Historic <input type="checkbox"/>	Industry <input type="checkbox"/>	Science <input type="checkbox"/>	_____
<u>Agriculture</u> <input type="checkbox"/>	Invention <input type="checkbox"/>	Sculpture <input type="checkbox"/>	_____
Art <input type="checkbox"/>	Landscape <input type="checkbox"/>	Social/Human- itarian <input type="checkbox"/>	_____
Commer ce <input type="checkbox"/>	Architecture <input type="checkbox"/>	Theater <input type="checkbox"/>	_____
Communi cations <input type="checkbox"/>	Literature <input type="checkbox"/>	Transportation <input type="checkbox"/>	_____
Conservation <input type="checkbox"/>	Military <input type="checkbox"/>		_____
<u>Architecture</u> <input type="checkbox"/>	Music <input type="checkbox"/>		_____

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

Of unrecorded age and origin, this farm building may have been built while land was first cleared for agriculture in the late 1700's.

9. MAJOR BIBLIOGRAPHICAL REFERENCES

See bibliography of HA3 - "Medical Hall".

10. GEOGRAPHICAL DATA

LATITUDE AND LONGITUDE COORDINATES DEFINING A RECTANGLE LOCATING THE PROPERTY			O R	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:	COOE	COUNTY	COOE

11. FORM PREPARED BY

NAME AND TITLE: _____

ORGANIZATION _____ DATE _____

STREET AND NUMBER: _____

CITY OR TOWN: _____ STATE _____ COOE _____

12. STATE LIAISON OFFICER CERTIFICATION

NATIONAL REGISTER VERIFICATION

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 _____

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 _____



HA 368

Medical Hall ^{Cornhouse} ~~wagon~~ shed-log.

JSE June 71