

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: Hott house

AND/OR HISTORIC:

2. LOCATION

STREET AND NUMBER: West side of Norrisville Road about 0.2 mi

CITY OR TOWN: Shawsville north of White Hall Road

STATE: MD CODE: COUNTY: HARFORD COOE:

3. CLASSIFICATION

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

4. OWNER OF PROPERTY

OWNERS NAME: James Holt

STREET AND NUMBER: Norrisville Road

CITY OR TOWN: Shawsville STATE: Maryland COOE:

White Hall 21161

5. LOCATION OF LEGAL DESCRIPTION

COURTHOUSE, REGISTRY OF DEEDS, ETC:

STREET AND NUMBER:

CITY OR TOWN: STATE: COOE:

ACREAGE

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: COOE:

STATE:

COUNTY:

ENTRY NUMBER

DATE

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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 checked="" type="checkbox"/>			Unaltered <input type="checkbox"/>		
				Moved <input type="checkbox"/>		
				Original Site <input checked="" type="checkbox"/>		

DESCRIBE THE PRESENT AND ORIGINAL (if known) PHYSICAL APPEARANCE

Frame house, ~~shiplap~~ clapboard covered, T shaped, 2 stories, 4 bays by 2 plus 3 by 2 in the wing. The house faces east. Two one story porches run across the east and the south side of the wing.

Windows are 2 lights over 2 in the main house, 6 over 6 in the wing downstairs with 3 over 3 in the small upstairs windows in the wing.

Two inside flush chimneys are in the south and west gable ends. The fireplace in the west wing appears to have been rebuilt inside an older cooking fireplace. A crane and cooking utensils are occasionally used today.

SIGNIFICANCE			
PERIOD (Check One or More as Appropriate)			
Pre-Columbian <input type="checkbox"/>	16th Century <input type="checkbox"/>	18th Century <input checked="" type="checkbox"/>	20th Century <input type="checkbox"/>
15th Century <input type="checkbox"/>	17th Century <input type="checkbox"/>	19th Century <input checked="" type="checkbox"/>	
SPECIFIC DATE(S) (If Applicable and Known)			
AREAS OF SIGNIFICANCE (Check One or More as Appropriate)			
Aboriginal <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- losophy <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"/>	Sociol/Humon- itorion <input type="checkbox"/>	_____
Commerce <input type="checkbox"/>	Architecture <input type="checkbox"/>	Theater <input type="checkbox"/>	_____
Communications <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.)			
<p style="font-size: 1.2em;">This house reflects the improving fortunes of farmers in this area in the 19th century, when the larger house was built on to the present wing.</p>			

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9. MAJOR BIBLIOGRAPHICAL REFERENCES

(This section is currently blank, containing a diagonal line.)

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

11. FORM PREPARED BY

NAME AND TITLE: _____

ORGANIZATION _____ DATE _____

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 _____