

1306824209 HA 682

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: Bon Air ~~coach~~ ~~storehouse~~

AND/OR HISTORIC:

2. LOCATION

STREET AND NUMBER: Lane enters south of Laurel Brook Road about 0.4 mi

CITY OR TOWN: Fallston west of old Fallston Road

STATE: Md CODE: COUNTY: Harford CODE:

3. CLASSIFICATION

CATEGORY (Check One)	OWNERSHIP	STATUS	ACCESSIBLE TO THE PUBLIC
District <input checked="" type="checkbox"/> <u>Building</u> <input type="checkbox"/>	Public <input type="checkbox"/>	<input checked="" type="checkbox"/> <u>Occupied</u> <input type="checkbox"/>	Yes: <input checked="" type="checkbox"/> <u>Restricted</u> <input type="checkbox"/>
Site <input type="checkbox"/> <u>Structure</u> <input checked="" type="checkbox"/> <u>Private</u>	Public Acquisition: <input type="checkbox"/>	<input type="checkbox"/> Unoccupied	Unrestricted <input type="checkbox"/>
Object <input type="checkbox"/>	Both <input type="checkbox"/>	In Process <input type="checkbox"/>	No: <input type="checkbox"/>
	Being Considered <input type="checkbox"/>	Preservation work in progress <input type="checkbox"/>	

PRESENT USE (Check One or More as Appropriate)

Agricultural Government Park Transportation Comments

Commercial Industrial Private Residence Other (Specify)

Educational Military Religious household utility

Entertainment Museum Scientific

4. OWNER OF PROPERTY

OWNERS NAME: Mr. & Mrs. W. W. Kelly

STREET AND NUMBER: Laurel Brook Road

CITY OR TOWN: RFD Fallston 21047 STATE: Md CODE:

5. LOCATION OF LEGAL DESCRIPTION

COURTHOUSE, REGISTRY OF DEEDS, ETC.: CLERK OF THE CIRCUIT COURT

STREET AND NUMBER: HARFORD COUNTY COURTHOUSE 40 S. MAIN ST.

CITY OR TOWN: BEL AIR STATE: MARYLAND CODE:

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:

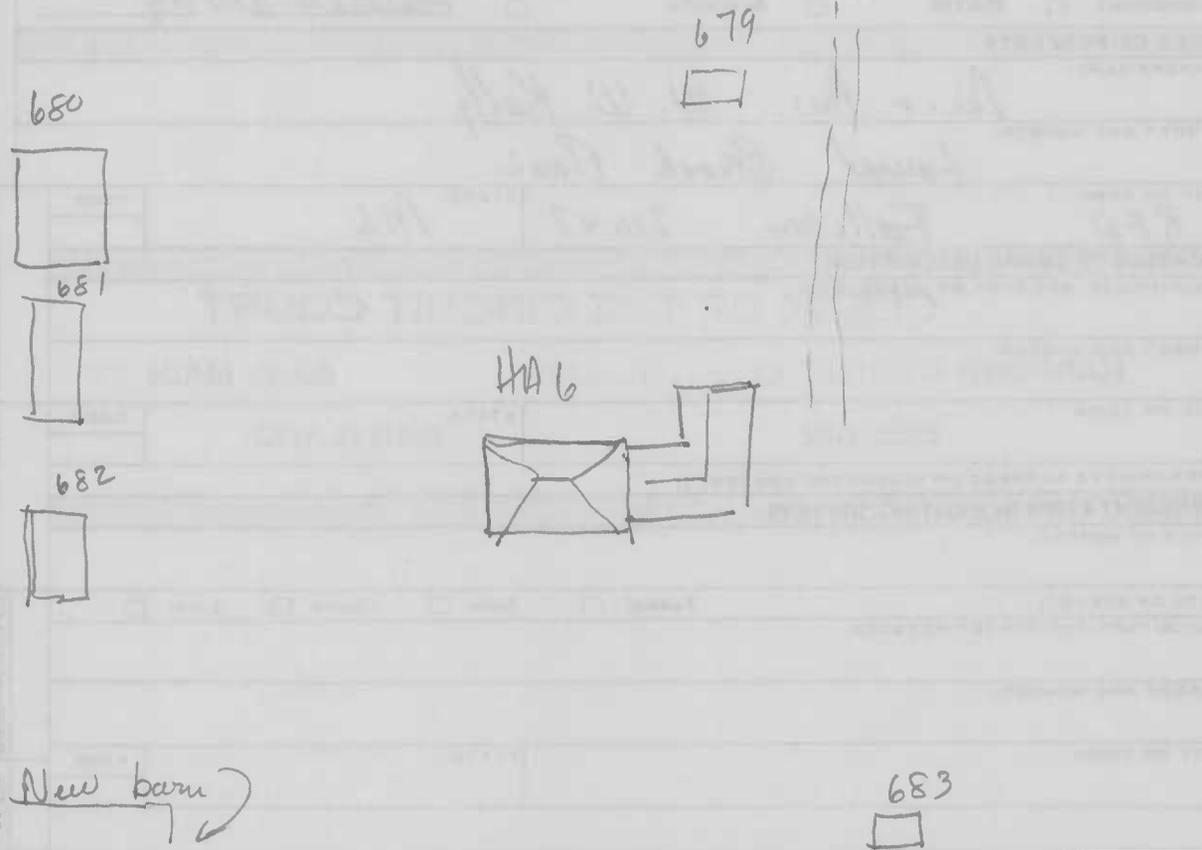
STATE:
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7. DESCRIPTION

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 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

Heavy stone walls have one wide (10') opening on the south end of a ~~stone~~ building about 20' x 40', the roof/ridgepole running north-south. In the A frame roof extension of about 2' at the south end is a block and tackle. An outdoor staircase leads to a low attic storage room.



6. 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-
lasaphy <input type="checkbox"/> | Other (Specify) <input type="checkbox"/> |
| Historic <input type="checkbox"/> | Industry <input type="checkbox"/> | Science <input type="checkbox"/> | _____ |
| Agriculture <input type="checkbox"/> | Invention <input type="checkbox"/> | Sculpture <input type="checkbox"/> | _____ |
| Art <input type="checkbox"/> | Landscape <input type="checkbox"/> | Social/Human-
itorion <input type="checkbox"/> | _____ |
| Commerce <input type="checkbox"/> | Architecture <input type="checkbox"/> | Theater <input type="checkbox"/> | _____ |
| Communicotians <input type="checkbox"/> | Literoture <input type="checkbox"/> | Transportation <input checked="" type="checkbox"/> | _____ |
| Conservation <input type="checkbox"/> | Military <input type="checkbox"/> | | _____ |
| Architecture <input type="checkbox"/> | Music <input type="checkbox"/> | | _____ |

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

This is assumed to be the coach house for the Delaporte family, reported to live in luxury in this small French villa. (See #46) The block and tackle may have bound harness onto the horse's backs, or have been used in maintenance since wagon wheels were greased after every use.

9. MAJOR BIBLIOGRAPHICAL REFERENCES

10. GEOGRAPHICAL DATA

LATITUDE AND LONGITUDE COORINATES DEFINING A RECTANGLE LOCATING THE PROPERTY				O R	LATITUDE AND LONGITUOE COORINATES DEFINING THE CENTER POINT OF A PROPERTY OF LESS THAN ONE ACRE			
CORNER	LATITUOE				LONGITUOE			
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
NW	°	'	"	°	'	"		
NE	°	'	"	°	'	"		
SE	°	'	"	°	'	"		
SW	°	'	"	°	'	"		

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

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

11. FORM PREPARED BY

NAME AND TITLE: _____

ORGANIZATION _____ DATE _____

STREET AND NUMBER: _____

CITY OR TOWN: _____ STATE _____ CODE _____

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 _____