

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: Eugene Knight's log house

AND/OR HISTORIC:

**2. LOCATION**

STREET AND NUMBER: Lane enters north of Dublin Road about 0.5 mi

CITY OR TOWN: Scarborough west of Scarborough Road

STATE: Md CODE: COUNTY: Harford CODE:

**3. CLASSIFICATION**

CATEGORY (Check One)	OWNERSHIP	STATUS	ACCESSIBLE TO THE PUBLIC
District <input type="checkbox"/> Building <input checked="" type="checkbox"/>	Public <input type="checkbox"/>	Occupied <input checked="" type="checkbox"/>	Yes: Restricted <input checked="" type="checkbox"/>
Site <input type="checkbox"/> Structure <input checked="" type="checkbox"/>	Private <input checked="" 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"/>	Private Residence <input checked="" 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: Mr & Mrs Eugene Knight

STREET AND NUMBER: RFD

CITY OR TOWN: Street STATE: Md CODE: 21154

**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

**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  
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## 7. DESCRIPTION

CONDITION

 (Check One)  
 Excellent  Good  Fair  Deteriorated  Ruins  Unexposed 

INTEGRITY

 (Check One)  
 Altered 
Unaltered Moved 
 (Check One)  
 Original Site 

DESCRIBE THE PRESENT AND ORIGINAL (if known) PHYSICAL APPEARANCE

L shaped 2 story  
 This very plain farm house has log walls under clap board under asphalt shingles in the old kitchen wing running west ~~west~~ along the south wall of the main house. A large fireplace remains inside the west end wall. 2 windows and a door are in north and south side walls of the wing. The main house has one chimney inside the north end wall.

Eaves are wide; apparently the roof was made slate in the late 18<sup>th</sup> century. Windows in the old wing are not original (2 lights over 2) - in the main house 1 light over 1.

**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)

Abariginal	<input type="checkbox"/>	Education	<input type="checkbox"/>	Palitical	<input type="checkbox"/>	Urban Planning	<input type="checkbox"/>
Prehistoric	<input type="checkbox"/>	Engineering	<input type="checkbox"/>	Religion/Phi-		Other (Specify)	<input type="checkbox"/>
Historic	<input type="checkbox"/>	Industry	<input type="checkbox"/>	losophy	<input type="checkbox"/>	_____	
<u>Agriculture</u>	<input checked="" type="checkbox"/>	Invention	<input type="checkbox"/>	Science	<input type="checkbox"/>	_____	
Art	<input type="checkbox"/>	Landscape		Sculpture	<input type="checkbox"/>	_____	
Cammerce	<input type="checkbox"/>	Architecture	<input type="checkbox"/>	Social/Humon-		_____	
Cammuications	<input type="checkbox"/>	Literoture	<input type="checkbox"/>	itarian	<input type="checkbox"/>	_____	
Conservation	<input type="checkbox"/>	Military	<input type="checkbox"/>	Theater	<input type="checkbox"/>	_____	
Architecture	<input type="checkbox"/>	Music	<input type="checkbox"/>	Transpartation	<input type="checkbox"/>	_____	

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

A working farm house; despite the fact that Mr Knight works in Bel Air he and his wife are able to keep beef cattle and other animals. They hope to gradually restore the house, especially the wing.

Owners expect to add appropriate siding (boards & batten or clapboards) and windows.

9. MAJOR BIBLIOGRAPHICAL REFERENCES

Interview w Mrs Knight March 1972 by JSZ

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

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 \_\_\_\_\_