

# 2 USVI Inventory of Historic Places

## Form 2 - Buildings and Structures



<b>THIS COLUMN FOR OFFICE USE ONLY</b> Classification: <input type="checkbox"/> Building <input type="checkbox"/> Structure <input type="checkbox"/> Site <input type="checkbox"/> Object		<b>IDENTIFICATION</b>		1. Island:		2. Town or Quarter:			
		3. Address:		4. Assessor's Parcel No.:					
		5. Common Name:		6. Other Names:					
		7. Owner:		8. Owner's Mailing Address:					
National Register Status: <input type="checkbox"/> Entered Date: _____ <input type="checkbox"/> Nominated <input type="checkbox"/> Eligible <input type="checkbox"/> Included within _____  <input type="checkbox"/> District <input type="checkbox"/> Thematic Group <input type="checkbox"/> Multiple Resource Area <input type="checkbox"/> <input type="checkbox"/> Which is <input type="checkbox"/> Entered Date: _____ <input type="checkbox"/> Nominated <input type="checkbox"/> Eligible		9. Present Use:							
		10. Previous Use(s):							
		11. Visible From Public Road?:		12. Accessible to the Public? (explain):					
		<b>PHYSICAL DESCRIPTION</b>		13. Style or Building Type:		14. Height in Stories:		15. No. of Bays (front & side):	
		16. Foundation & First Story (materials & color):							
		17. Exterior Walls (materials, brick bond, color, etc.):							
		18. Roof (form, materials, dormers, color):							
		19. Windows & Doors (including shutters, jalousies, and hardware):							
		20. Verandahs, Porches, Balconies:							
		21. Other Significant Features, Exterior:							
NHL/NHS Status: <input type="checkbox"/> Designated <input type="checkbox"/> Potential		22. Significant Features, Interior:							
		23. Outbuildings and Related Structures (describe each free-standing structure on a separate form):							
NAER Status: <input type="checkbox"/> Recorded Date: _____ <input type="checkbox"/> Potential		24. Context:							
		25. Condition:							
Significance: <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International		26. Date Filed:							
Priority: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		Developmental Constraints: (SI, M, S, or P) _____ Earth Changes _____ Building Re-use _____ New Building							
PLEASE SEE REVERSE SIDE									

PROJECT:

Site Register Number:

Town or Quarter:

PROJECT NAME:

Subdistrict:

Address or Parcel No.:

Name:

PROJECT SITE:

THIS COLUMN FOR OFFICE USE ONLY	HISTORICAL DESCRIPTION	26. Approx. Date of Construction:	27. Name of Architect or Builder:
Thematic Categories Applicable:	28. Dates of Known Alterations:		
	29. Significant Associations:		
Condition: <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> P  <input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> U	30. Bibliographical Information:		
Archeological Resources:  <input type="checkbox"/> Prehistoric  <input type="checkbox"/> Historic  <input type="checkbox"/> Predicted  <input type="checkbox"/> Verified			
Other Forms Completed:  <input type="checkbox"/> Structures <input type="checkbox"/> Archaeological <input type="checkbox"/> Shipwrecks <input type="checkbox"/> <input type="checkbox"/>	PHOTOGRAPH(S)		
B&W Negatives:			
	SITE PLAN		
Prints:			
Slides:			
Prepared by:		Address:	
		Date:	
Photographed by:		Address:	
		Date:	