

State Inventory Number: _____ New Supplemental 9-Digit SHPO Review and Compliance (R&C) Number: _____ Non-Extant Year: _____

IOWA SITE INVENTORY FORM

Read the Iowa Site Inventory Form Instructions carefully, to ensure accuracy and completeness before completing this form. The instructions are available at http://www.iowahistory.org/historic-preservation/statewide-inventory-and-collections/iowa-site-inventory-form.html.

Basic Information

Historic Building Name: _____ Other Names: _____ Street Address: _____ City: _____ Vicinity County: _____ State: _____ ZIP: _____

LEGAL DESCRIPTION

Rural: Township Name: _____ Township No.: _____ Range No.: _____ Section: _____ Quarter: _____ of _____ Urban: Subdivision: _____ Block(s): _____ Lot(s): _____

Classification

A. PROPERTY CATEGORY:

- Building(s) District Site Structure Object

B. NUMBER OF RESOURCES (WITHIN PROPERTY):

If eligible property, enter number of:

Table with 2 columns: Contributing, Noncontributing. Rows: Buildings, Sites, Structures, Objects, Total.

If non-eligible property, enter number of:

Table with 1 column: Buildings, Sites, Structures, Objects, Total.

C. STATUS OF PROPERTIES LISTED ON THE NATIONAL REGISTER OF HISTORIC PLACES Listed De-listed NHL NPS DOE

D. FOR PROPERTIES WITHIN A HISTORIC DISTRICT

- Property contributes to a National Register or local certified historic district. Property contributes to a potential historic district, based on professional historic/architectural survey and evaluation. Property does not contribute to the historic district in which it is located.

Historic District Name: _____ Historic District Site Number: _____

E. NAME OF RELATED PROJECT REPORT OR MULTIPLE PROPERTY STUDY (if applicable)

MPD Title: _____ Historical Architectural Database No. _____

Address: _____

City: _____ County: _____

Site Number: _____ District Number: _____

Function or Use

Enter categories (codes **and** terms) from the Iowa Site Inventory Form Instructions

A. HISTORIC FUNCTIONS

B. CURRENT FUNCTIONS

Description

A. ARCHITECTURAL CLASSIFICATION

B. MATERIALS

Foundation (visible exterior): _____
Walls (visible exterior): _____
Roof: _____
Other: _____

C. NARRATIVE DESCRIPTION See continuation sheets which must be completed.

Statement of Significance

A. APPLICABLE NATIONAL REGISTER OF HISTORIC PLACES CRITERIA (mark your opinion of eligibility after applying relevant National Register criteria)

Criterion A: Property is associated with significant events. Yes No More research recommended

Criterion B: Property is associated with the lives of significant persons. Yes No More research recommended

Criterion C: Property has distinctive architectural characteristics. Yes No More research recommended

Criterion D: Property yields significant information in archaeology/history. Yes No More research recommended

B. SPECIAL CRITERIA CONSIDERATIONS (mark any special considerations; leave blank if none)

- A. Owned by a religious institution or used for religious purposes.
- B. Removed from its original location.
- C. A birthplace or grave.
- D. A cemetery.
- E. A reconstructed building, object, or structure.
- F. A commemorative property.
- G. Property less than 50 years of age or achieved significance within the past 50 years.

C. AREAS OF SIGNIFICANCE (enter categories from instructions)

D. PERIOD(S) OF SIGNIFICANCE

E. SIGNIFICANT DATES

F. SIGNIFICANT PERSON (complete if Criterion B is marked above)

Construction Date: _____

Other Dates (including renovations): _____

G. CULTURAL AFFILIATION (complete if Criterion D is marked above)

H. ARCHITECT/BUILDER

Architect: _____
Builder/Contractor: _____

I. NARRATIVE STATEMENT OF SIGNIFICANCE See continuation sheets which must be completed.

Address: _____

City: _____ County: _____

Site Number: _____ District Number: _____

Bibliography

See continuation sheets for the list research sources used in preparing this form.

Geographic Data

OPTIONAL UTM REFERENCES

See continuation sheet for additional UTM or comments

	Zone	Easting	Northing	NAD
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Form Preparation

Name and Title: _____ Date: _____

Organization/Firm: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Telephone: _____

Additional Documentation

A. FOR ALL PROPERTIES, ATTACH THE FOLLOWING, AS SPECIFIED IN THE IOWA SITE INVENTORY FORM INSTRUCTIONS

1. Map of property's location within the community.
2. Glossy color 4x6 photos labeled on back with property/building name, address, date taken, view shown, and unique photo number.
3. Photo key showing each photo number on a map and/or floor plan, using arrows next to each photo number to indicate the location and directional view of each photograph.
4. Site plan of buildings/structures on site, identifying boundaries, public roads, and building/structure footprints.

B. FOR ALL STATE HISTORIC TAX CREDIT PART 1 APPLICATIONS, HISTORIC DISTRICTS AND FARMSTEADS, AND BARNES

See lists of special requirements and attachments in the Iowa Site Inventory Form Instructions.

State Historic Preservation Office (SHPO) Use Only

The SHPO has reviewed the Site Inventory and concurs with above survey opinion on National Register eligibility:

- Yes No More research recommended
 This is a locally designated property or part of a locally designated district.

Comments:

SHPO Authorized Signature: _____ Date: _____

**STATE HISTORIC
PRESERVATION
OFFICE OF IOWA**

IOWA DEPARTMENT OF CULTURAL AFFAIRS

**STATE HISTORIC PRESERVATION OFFICE
IOWA SITE INVENTORY**

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IOWA SITE INVENTORY FORM – CONTINUATION SHEET

Name of Property: _____

Site Number: _____

Address: _____

Related District Number: _____

City: _____ County: _____