

N. B. FIELD SHEET  
6700515604 CARR 51

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: MARY YOUNG HOUSE

AND/OR HISTORIC:

**2. LOCATION**

STREET AND NUMBER: Young Lane off Springdale Road

CITY OR TOWN: New Winsor (?)

STATE: Maryland CODE: COUNTY: Carroll 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"/> Private <input checked="" type="checkbox"/> Both <input type="checkbox"/>	Public Acquisition: <input type="checkbox"/> In Process <input type="checkbox"/> Being Considered <input type="checkbox"/>	Occupied <input checked="" type="checkbox"/> Unoccupied <input type="checkbox"/> Preservation work in progress <input type="checkbox"/>
Site <input type="checkbox"/> Structure <input type="checkbox"/> Object <input type="checkbox"/>			Yes: <input type="checkbox"/> Restricted <input type="checkbox"/> Unrestricted <input type="checkbox"/> No: <input checked="" 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: Mrs. Mary Young

STREET AND NUMBER:

CITY OR TOWN: New Winsor STATE: Maryland CODE:

**5. LOCATION OF LEGAL DESCRIPTION**

COURTHOUSE, REGISTRY OF DEEDS, ETC.: Carroll County Courthouse

STREET AND NUMBER:

CITY OR TOWN: Westminster STATE: Maryland CODE:

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:

SEE INSTRUCTIONS

STATE: COUNTY: ENTRY NUMBER: DATE: FOR NPS USE ONLY

7. DESCRIPTION

CONDITION	(Check One)					
	Excellent <input checked="" type="checkbox"/>	Good <input 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

Two storey Victorian with two central stove chimneys  
 (single flue) dividing roof ridge into ~~gables~~ <sup>two</sup> gables.  
 Large windows, Victorian porch.  
 Faces Young Lana. On S side of road.

SEE INSTRUCTIONS

8. SIGNIFICANCE

PERIOD (Check One or More as Appropriate)

Pre-Columbian <input type="checkbox"/>	16th Century <input type="checkbox"/>	18th Century <input 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/Philosophy <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/Humanitarian <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"/>		_____
	Music <input type="checkbox"/>		_____

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

Large empty rectangular area for writing the statement of significance.

SEE INSTRUCTIONS

9. MAJOR BIBLIOGRAPHICAL REFERENCES

Empty space for major bibliographical references.

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
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: J. Richard Rivoire DATE: \_\_\_\_\_

STREET AND NUMBER: Maryland Historical Trust

CITY OR TOWN: Box 1704 STATE: Maryland 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 \_\_\_\_\_

SEE INSTRUCTIONS