

N. R. FIELD SHEET

CH 144

NATIONAL REGISTER OF HISTORIC PLACES
INVENTORY - NOMINATION FORM

(Type all entries - complete applicable sections)

STATE:	
COUNTY:	
FOR NPS USE ONLY	
ENTRY NUMBER	DATE

SEE INSTRUCTIONS

1. NAME

COMMON: Hampton Hse.

AND/OR HISTORIC:

2. LOCATION

STREET AND NUMBER:

CITY OR TOWN: RIVERSIDE

STATE: MD. CODE: COUNTY: CHAS CODE:

3. CLASSIFICATION

CATEGORY (Check One)	OWNERSHIP	STATUS	ACCESSIBLE TO THE PUBLIC
District <input type="checkbox"/> Building <input checked="" type="checkbox"/> Structure <input type="checkbox"/> Object <input 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"/> Yes: Unoccupied <input type="checkbox"/> Restricted <input type="checkbox"/> Preservation work in progress <input type="checkbox"/> Unrestricted <input type="checkbox"/> No: <input checked="" type="checkbox"/>
PRESENT USE (Check One or More as Appropriate)			
Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/> Educational <input type="checkbox"/> Entertainment <input type="checkbox"/>	Government <input type="checkbox"/> Industrial <input type="checkbox"/> Military <input type="checkbox"/> Museum <input type="checkbox"/>	Park <input type="checkbox"/> Private Residence <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Scientific <input type="checkbox"/>	Transportation <input type="checkbox"/> Comments <input type="checkbox"/> Other (Specify) <input type="checkbox"/> <u> </u>

4. OWNER OF PROPERTY

OWNERS NAME: CARL HAMPTON

STREET AND NUMBER:

CITY OR TOWN: RIVERSIDE STATE: MD. CODE:

5. LOCATION OF LEGAL DESCRIPTION

COURTHOUSE, REGISTRY OF DEEDS, ETC.: CHAS. CO. COURTHOUSE

STREET AND NUMBER:

CITY OR TOWN: LAPIATA STATE: MD. 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:

STATE:
COUNTY:
ENTRY NUMBER:
DATE:
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7. DESCRIPTION

CONDITION	(Check One)				
	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input checked="" type="checkbox"/>	Deteriorated <input type="checkbox"/>	Ruins <input type="checkbox"/>
INTEGRITY	(Check One)			(Check One)	
	Altered <input checked="" type="checkbox"/>	Unaltered <input type="checkbox"/>		Moved <input type="checkbox"/>	Original Site <input checked="" type="checkbox"/>

DESCRIBE THE PRESENT AND ORIGINAL (If known) PHYSICAL APPEARANCE

THIS house, which is interesting for the many obvious changes made to its original form, is 2 storeys in height at the front (S) with a very gradual cat-slide roof the ridge of which runs E. to W. There are 2 exterior chimneys at the E. gable end the NE one apparently added when the house was changed from a 1 or 1 1/2 storey dwelling to one of 2 storeys with added rear (N) cells to the original one room depth.

There is an addition to the E gable of 1 storey + attic with a single 1 flue chimney at the exterior of its E gable end.

At present there is a modern addition being built at the W. gable end of the main block.

A more detailed report to follow.

SEE INSTRUCTIONS

8. 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)

- | | | | |
|---|---------------------------------------|---|--|
| 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/Phi-
losophy <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-
itarian <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.)

(This area is intentionally left blank for the user to provide a statement of significance.)

SEE INSTRUCTIONS

9. MAJOR BIBLIOGRAPHICAL REFERENCES

Empty box 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				
	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
STATE:	CODE	COUNTY:	CODE
STATE:	CODE	COUNTY:	CODE
STATE:	CODE	COUNTY:	CODE

11. FORM PREPARED BY

NAME AND TITLE: J. R. Riviere

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 _____

SEE INSTRUCTIONS