

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:
MONTROSS FARM

AND/OR HISTORIC:

2. LOCATION

STREET AND NUMBER:
CHAPMAN'S LDG. RD. (N. SIDE)

CITY OR TOWN:
BRYAN'S RD.

STATE: MD. COUNTY: CHAS. 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"/> Site <input type="checkbox"/> Structure <input type="checkbox"/> Private <input checked="" type="checkbox"/> Object <input type="checkbox"/> Both <input type="checkbox"/>	Public Acquisition: <input type="checkbox"/> In Process <input type="checkbox"/> Being Considered <input type="checkbox"/>	Occupied <input type="checkbox"/> Unoccupied <input type="checkbox"/> Preservation work in progress <input type="checkbox"/>	Yes: 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"/> 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"/> Other (Specify) <input type="checkbox"/> Comments <input type="checkbox"/>

4. OWNER OF PROPERTY

OWNERS NAME:
C. MAURICE FLINN

STREET AND NUMBER:
MONTROSS FARM

CITY OR TOWN: BRYAN'S RD. STATE: MD. CODE:

5. LOCATION OF LEGAL DESCRIPTION

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

STREET AND NUMBER:

CITY OR TOWN: LA PIATA 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:

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

A REPRO. OF A "18TH. CENT. GEORGIAN MANSION," - BUILT 1ST. 1/2 OF 20TH. CENT. WITH BEAUT. LAWNS + GDNs.

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 checked="" type="checkbox"/> |
| 15th Century <input type="checkbox"/> | 17th Century <input type="checkbox"/> | 19th Century <input 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.)

SMALL GRAVEYARD CONT, GRAVES
 OF WM. + SARAH EILBECK WHOS DAUGHTER.
 ANN MARRIED GEO. MASON AUTHOR OF
 VA'S BILL OF RIGHTS. GEO. + ANN MASON
 LIVED AT GUNSTON HALL IN VA. SARAH
 EILBECK AT ONE TIME LIVED AT "ARABY" -
 MASON'S SPRINGS NR. MARLBORO - CHAS. CO.

SEE INSTRUCTIONS

9. MAJOR BIBLIOGRAPHICAL REFERENCES

Blank area 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	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: *Richard Rivoire*

ORGANIZATION: _____ DATE: *4/70*

STREET AND NUMBER: _____

CITY OR TOWN: _____ STATE: _____ 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