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Hfi 632

MD. HISTORICAL TRUST
BOX 1704
ANNAPOLIS, MD. 21404

**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: Shawsville Store Barn

AND/OR HISTORIC:

2. LOCATION

STREET AND NUMBER: East side of Norrisville Road about 0.3 mi north

CITY OR TOWN: Shawsville White Hall Road.

STATE: MD CODE: COUNTY: Harford CODE:

3. CLASSIFICATION

CATEGORY (Check One)	OWNERSHIP	STATUS	ACCESSIBLE TO THE PUBLIC
District <input type="checkbox"/> <u>Building</u> <input type="checkbox"/> Public <input type="checkbox"/>	Public Acquisition: <input type="checkbox"/>	<u>Occupied</u> <input type="checkbox"/>	Yes: <input type="checkbox"/>
Site <input type="checkbox"/> Structure <input type="checkbox"/> <u>Private</u> <input type="checkbox"/>	In Process <input type="checkbox"/>	Unoccupied <input type="checkbox"/>	<u>Restricted</u> <input type="checkbox"/>
Object <input type="checkbox"/>	Both <input type="checkbox"/>	Being Considered <input type="checkbox"/>	Unrestricted <input type="checkbox"/>
		Preservation work in progress <input type="checkbox"/>	No: <input type="checkbox"/>

PRESENT USE (Check One or More as Appropriate)

Agricultural Government Park Transportation Comments

Commercial Industrial Private Residence Other (Specify)

Educational Military Religious

Entertainment Museum Scientific Private garage

4. OWNER OF PROPERTY

OWNERS NAME: Arthur Gregory

STREET AND NUMBER: Norrisville Road, Shawsville

CITY OR TOWN: White Hall STATE: Maryland CODE: 21161

5. LOCATION OF LEGAL DESCRIPTION

COURTHOUSE, REGISTRY OF DEEDS, ETC.: CLERK OF THE CIRCUIT COURT

STREET AND NUMBER: HARFORD COUNTY COURTHOUSE 40 S. MAIN ST.

CITY OR TOWN: BEL AIR 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

HA-652

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"/>	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

This small barn served the manager of the Shawsville Store. Space inside for 2 teams of horses and their harness.

Frame covered with vertical siding, 2 stories, the upper floor unplaned, 2 double hung windows 6 lights over 6 on the first floor, west side only. A dutch door, west side only.

SEE INSTRUCTIONS

H-1037

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"/>	<u>19th Century <input checked="" type="checkbox"/></u>	

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"/>	<u>Transportation <input checked="" type="checkbox"/></u>	_____
Conservation <input type="checkbox"/>	Military <input type="checkbox"/>		_____
	Music <input type="checkbox"/>		_____

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

Auxiliary building to house the draft horses or mules used to supply the store and deliver goods to the market area.

SEE INSTRUCTIONS

11-632

9. MAJOR BIBLIOGRAPHICAL REFERENCES

Wright, C Milton Our Harford Heritage #353
Harford County Directory #353-312-313

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	
NW	Degrees Minutes Seconds ° ' "	Degrees Minutes Seconds ° ' "		Degrees Minutes Seconds ° ' "	Degrees Minutes Seconds ° ' "	
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 _____ 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