

M.D. HISTORICAL TRUST
BOX 1704
ANN POLIS, 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: Senberg-Barron Apartment House

AND/OR HISTORIC:

2. LOCATION

STREET AND NUMBER: North side of Old Philadelphia Road about 0.1 mi

CITY OR TOWN: Abingdon west of Abingdon Road

STATE: Md CODE: COUNTY: Harford 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"/>	Occupied <input checked="" type="checkbox"/>	Yes: <input type="checkbox"/> Restricted <input type="checkbox"/>
Site <input type="checkbox"/> Structure <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>	Unoccupied <input type="checkbox"/>	Unrestricted <input type="checkbox"/>
Object <input type="checkbox"/>	Both <input type="checkbox"/>	Preservation work in progress <input type="checkbox"/>	No: <input 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 type="checkbox"/>	Other (Specify) <input type="checkbox"/> <u>Rental housing</u>
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: Henry Senberg and Sally Barron

STREET AND NUMBER:

CITY OR TOWN: Abingdon STATE: Md CODE: 21009

5. LOCATION OF LEGAL DESCRIPTION

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

STREET AND NUMBER: HARFORD COUNTY COURTHOUSE

CITY OR TOWN: BEL AIR STATE: MARYLAND CODE: 40 S. MAIN

ACREAGE 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 checked="" 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 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 frame house, 2 1/2 stories, covered with clapboard, faces south, 5 bays by 2, with an "ell" running north along the west wall, 2 stories, 2 bays by 2. There is a large chimney at each end wall. The "A" roof has wide eaves. ~~where~~ The center of three dormers has a double sash. The front door has a fanlight and a row of lights on each side of the ~~set~~ paneled door.

9. 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"/>		
<u>Architecture</u> <input type="checkbox"/>	Music <input type="checkbox"/>		

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

On closer examination
 this rather large house does not look
 quite like the mansion it first appears to be.
 Wide eaves, the large window panes,
 the double ~~width~~ ^{width} dormer over the front
 door and perhaps the front door itself
 may be later ~~note~~ ^{changes}, or may ~~reveal~~ ^{reveal}
 that the house was built after an
 older floor plan only a hundred years
 or so ago.
 Made into apartments at the time
 of the second world war.

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		
	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: _____

ORGANIZATION _____ DATE _____

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 _____