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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: Rose Hill Barn

AND/OR HISTORIC:

**2. LOCATION**

STREET AND NUMBER: Lane enters south of Abingdon Road about 0.3mi

CITY OR TOWN: Abingdon east of Philadelphia Road (Md.7.)

STATE: Maryland CODE: COUNTY: Harford CODE:

**3. CLASSIFICATION**

CATEGORY (Check One)	OWNERSHIP	STATUS	ACCESSIBLE TO THE PUBLIC
District <input type="checkbox"/> <input checked="" type="checkbox"/> Building <input type="checkbox"/>	Public <input type="checkbox"/>	Occupied <input type="checkbox"/>	Yes: <input checked="" type="checkbox"/> Restricted <input type="checkbox"/>
Site <input type="checkbox"/> Structure <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	<input checked="" type="checkbox"/> Unoccupied <input type="checkbox"/>	Unrestricted <input type="checkbox"/>
Object <input type="checkbox"/>	Both <input type="checkbox"/>	Being Considered <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"/>
Educational <input type="checkbox"/>	Military <input type="checkbox"/>	Religious <input type="checkbox"/>	<u>Vacant farm building</u>
Entertainment <input type="checkbox"/>	Museum <input type="checkbox"/>	Scientific <input type="checkbox"/>	

**4. OWNER OF PROPERTY**

OWNERS NAME: Mrs Howard K Mc Comas Jr & 3 other heirs of Wm. Sewell

STREET AND NUMBER: Philadelphia & Abingdon Roads

CITY OR TOWN: Abingdon STATE: Md CODE: 21009

**5. LOCATION OF LEGAL DESCRIPTION**

COURTHOUSE, REGISTRY OF DEEDS, ETC:

STREET AND NUMBER:

CITY OR TOWN: STATE: CODE:

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 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

Bank barn with stone foundations opening to a south barnyard under frame barn with vertical siding.

The barnyard, fences and fields have grown thick with weeds in the 14 years or so since Mr Sewell died.

**6. 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 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"/>	_____
<u>Agriculture</u> <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"/>		_____
Architecture <input type="checkbox"/>	Music <input type="checkbox"/>		_____

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

Probably a Sewell family structure, perhaps 1850 or later.

9. MAJOR BIBLIOGRAPHICAL REFERENCES

*(This section contains a large, faint, diagonal line or scribble across the page.)*

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

11. FORM PREPARED BY

NAME AND TITLE: \_\_\_\_\_

ORGANIZATION: JEAN S. EWING  
Maryland Historical Society, Dryden 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 \_\_\_\_\_