# United States Department of the Interior

National Park Service

**National Register of Historic Places Registration Form**

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form.* If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions.

1. **Name of Property**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Historic name: |  | | | |
| Other names/site number: | |  | | |
| Name of related multiple property listing**:** | | |  | |
|  | | | | |
| (Enter "N/A" if property is not part of a multiple property listing): | | | |  |

1. **Location**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Street & number: | |  | | | | | | | |
| City or town: |  | | | | | State: |  | County: |  |
| Not For Publication: | | |  | Vicinity: |  | | | | |

1. **State/Federal Agency Certification**

As the designated authority under the National Historic Preservation Act, as amended,

I hereby certify that this  nomination  request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.

In my opinion, the property  meets  does not meet the National Register Criteria. I recommend that this property be considered significant at the following

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| level(s) of significance: | | **National** | | **Statewide** | | | **Local** | | |
| Applicable National Register Criteria | | | **A** | | **B** | **C** | | | **D** |
|  | | | | | | | | | |
| **Signature of certifying official/Title:** | | | | | | | | **Date** | |
| Daina Penkiunas, Wisconsin State Historic Preservation Officer | | | | | | | |  | |
| **State or Federal agency/bureau or Tribal Government** | | | | | | | |  | |
| In my opinion, the property meets  does not meet the National Register criteria. | | | | | | | | | |
|  | | | | | | | | | |
| **Signature of commenting official:** | | | | | | | | **Date** | |
|  | | | | | | | | | |
| **Title:** | **State or Federal agency/bureau or Tribal Government** | | | | | | | | |

1. **National Park Service Certification**

|  |  |  |
| --- | --- | --- |
| I hereby certify that this property is: | | |
|  | Entered in the National Register | |
|  | Determined eligible for the National Register | |
|  | Determined not eligible for the National Register | |
|  | Removed from the National Register | |
|  | Other (explain:) |  |

|  |  |
| --- | --- |
|  |  |
| Signature of the Keeper | Date of Action |

1. **Classification**

|  |  |  |  |
| --- | --- | --- | --- |
| **Ownership of Property**  (Check as many boxes as apply.) | | **Category of Property**  (Check only **one** box.) | |
| Private: |  | Building(s) |  |
| Public – Local |  | District |  |
| Public – State |  | Site |  |
| Public – Federal |  | Structure |  |
|  |  | Object |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number of Resources within Property**  (Do not include previously listed resources in the county) | | | | |
| Contributing |  | Noncontributing |  | |
|  |  |  | Buildings | |
|  |  |  | Sites | |
|  |  |  | Structures | |
|  |  |  | Objects | |
|  |  |  | Total | |
| Number of contributing resources previously listed in the National Register | | | |  |

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1. **Function or Use**

|  |  |  |
| --- | --- | --- |
| **Historic Functions**  (Enter categories from instructions.) |  | **Current Functions**  (Enter categories from instructions.) |
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1. **Description**

|  |
| --- |
| **Architectural Classification**  (Enter categories from instructions.) |
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**Materials:** (enter categories from instructions.)

|  |  |
| --- | --- |
| Principal exterior materials of the property: |  |
|  | |

**Narrative Description**

(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable.Begin with **a summary paragraph** that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity.)

**Summary Paragraph**

**Narrative Description**

**Setting**

**Exterior**

**Interior**

**Landscape**

**Integrity**

END OF DESCRIPTION, DO NOT DELETE

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1. **Statement of Significance**

**Applicable National Register Criteria**

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)

|  |  |  |
| --- | --- | --- |
|  | A. | Property is associated with events that have made a significant contribution to the broad patterns of our history. |
|  | B. | Property is associated with the lives of persons significant in our past. |
|  | C. | Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction. |
|  | D. | Property has yielded, or is likely to yield, information important in prehistory or history. |

**Criteria Considerations**

(Mark “x” in all the boxes that apply.)

|  |  |  |
| --- | --- | --- |
|  | A. | Owned by a religious institution or used for religious purposes |
|  | B. | Removed from its original location |
|  | C. | A birthplace or grave |
|  | D. | A cemetery |
|  | E. | A reconstructed building, object, or structure |
|  | F. | A commemorative property |
|  | G. | Less than 50 years old or achieving significance within the past 50 years |

|  |
| --- |
| **Areas of Significance**  (Enter categories from instructions.) |
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| --- |
| **Period of Significance** |
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| --- |
| **Significant Dates** |
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| --- |
| **Significant Person**  (Complete only if Criterion B is checked.) |
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| **Cultural Affiliation** |
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| --- |
| **Architect/Builder** |
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|  |
|  |

**Statement of Significance Summary Paragraph** (Provide a summary paragraph that includes level of significance, applicable criteria, justification for the period of significance, and any applicable criteria considerations.)

**Period of Significance and Justification**

**Criteria Consideration** (if applicable)

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**Narrative Statement of Significance** (Provide at least **one** paragraph for each area of significance.)

**Historic Context**

**Comparative Analysis**

**Concluding Significance Statement**

**Land Acknowledgement (will be reviewed by the Office of the State Archaeologist)**

This nomination recognizes the depth of human presence here, the ancestral homeland of American Indians for millennia. From as early as the seventeenth century, Euro-American exploration and settlement, military campaigns, and government programs, all had the effect of repeated displacement of Indians of many tribal affiliations. This continuous tribal movement resulted in Wisconsin being home to many tribes who originated from other parts of the country, generating a pattern of immigration, relocation, and formation of a new homeland. Some of these tribes remain in Wisconsin but others may not. We acknowledge that the property that is the subject of this nomination is located on land long occupied by American Indians.

**Archaeological Potential** (will be drafted and reviewed by the Office of the State Archaeologist)

**Preservation Activities** (for properties in CLGs)

The [name of property/district] was evaluated as potentially eligible for the NRHP during a survey of [survey area] conducted in [year]. Eligibility was re-affirmed prior to the writing of this nomination. As a partner with the Wisconsin State Historic Preservation Office (SHPO) and the National Park Service (NPS) participating in the Certified Local Government (CLG) program, [city/village/town] is required to maintain a system to survey and inventory historic properties. That entails regular surveys with updates every 20-25 years to identify properties that appear potentially eligible for the NRHP.

END OF STATEMENT OF SIGNIFICANCE DO NOT DELETE

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1. **Major Bibliographical References**

**Previous documentation on file (NPS):**

|  |  |  |
| --- | --- | --- |
|  | preliminary determination of individual listing (36 CFR 67) has been requested | |
|  | previously listed in the National Register | |
|  | previously determined eligible by the National Register | |
|  | designated a National Historic Landmark | |
|  | recorded by Historic American Buildings Survey | **#** |
|  | recorded by Historic American Engineering Record | **#** |
|  | recorded by Historic American Landscape Survey | **#** |

**Primary location of additional data:**

|  |  |  |
| --- | --- | --- |
|  | State Historic Preservation Office | |
|  | Other State agency | |
|  | Federal agency | |
|  | Local government | |
|  | University | |
|  | Other | |
|  | Name of repository: |  |

|  |  |
| --- | --- |
| **Wisconsin Architecture and History Inventory # and/or Archaeological Site Inventory #:** |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Bibliography (Cite the books, articles, and other sources used in preparing this form.)

END OF BIBLIOGRAPHY DO NOT DELETE

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1. **Geographical Data**

|  |  |
| --- | --- |
| **Acreage of Property:** |  |

Provide either the UTM system or latitude/longitude coordinates

**Latitude/Longitude Coordinates**

|  |  |
| --- | --- |
| Datum if other than WGS84: |  |

(enter coordinates to 6 decimal places)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Latitude: |  | Longitude: |  |
| 1. Latitude: |  | Longitude: |  |
| 1. Latitude: |  | Longitude: |  |
| 1. Latitude |  | Longitude: |  |

**Or**

**UTM References**

Datum (indicated on USGS map):

NAD 1927 or  NAD 1983

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Zone: |  | Easting: |  | Northing: |  |
| 1. Zone:: |  | Easting: |  | Northing: |  |
| 1. Zone:: |  | Easting: |  | Northing: |  |
| 1. Zone: |  | Easting: |  | Northing: |  |

**Verbal Boundary Description** (Describe the boundaries of the property.)

# Boundary Justification (Explain why the boundaries were selected.)

END OF GEOGRAPHIC DATA DO NOT DELETE

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1. **Form Prepared By**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| name/title: |  | | | | | |
| organization: |  | | | | | |
| street & number: | |  | | | | |
| city or town: |  | | State: |  | zip code: |  |
| Email: |  | |
| Telephone: |  | |

**Additional Documentation**

**Figure Log**

* Provide a list of all maps, plans, and additional documentation provided

**Embed figures**

* **Maps:** A **USGS map** or digital equivalent (7.5 or 15 minute series) indicating the property's location.
* **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
* **Additional items:** such as floor plans of representative spaces, photo keys, historic images, etc.(Check with the SHPO, TPO, or FPO for any additional items.)

END OF FIGURES SECTION DO NOT DELETE

**Photographs**

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels (minimum), 3000x2000 preferred, at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map. For simplicity, the name of the photographer, photo date, etc. may be listed once in the photograph log. The photograph order must correspond with the photograph log.

**Photo Log**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Property: | |  | | |
| City or Vicinity: | |  | | |
| County: |  | | State**:** |  |
| Photographer: | |  | | |
| Date photographed: | |  | | |

Description of Photograph(s) and number, include description of view indicating direction of camera:

1 of \_\_\_.

**Paperwork Reduction Act Statement:** This information is being collected for nominations to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.). We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB control number.

**Estimated Burden Statement**: Public reporting burden for each response using this form is estimated to be between the Tier 1 and Tier 4 levels with the estimate of the time for each tier as follows:

Tier 1 – 60-100 hours

Tier 2 – 120 hours

Tier 3 – 230 hours

Tier 4 – 280 hours

The above estimates include time for reviewing instructions, gathering and maintaining data, and preparing and transmitting nominations. Send comments regarding these estimates or any other aspect of the requirement(s) to the Service Information Collection Clearance Officer, National Park Service, 1201 Oakridge Drive Fort Collins, CO 80525.

**Property Owner**

Complete this item at the request of SHPO or FPO.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **name/title** |  | | | | | |
| **organization** |  | | | | **date** |  |
| **street & number** |  | | | | **phone** |  |
| **city or town** |  | **state** | WI | **zip code** | |  |

If there are other interested parties that should be noticed, please provide in the tables below

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **name/title** |  | | | | | |
| **organization** |  | | | | **date** |  |
| **street & number** |  | | | | **phone** |  |
| **city or town** |  | **state** | WI | **zip code** | |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **name/title** |  | | | | | |
| **organization** |  | | | | **date** |  |
| **street & number** |  | | | | **phone** |  |
| **city or town** |  | **state** | WI | **zip code** | |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **name/title** |  | | | | | |
| **organization** |  | | | | **date** |  |
| **street & number** |  | | | | **phone** |  |
| **city or town** |  | **state** | WI | **zip code** | |  |