

Minnesota Individual Property Inventory Form



DEPARTMENT OF
ADMINISTRATION
STATE HISTORIC PRESERVATION OFFICE

Please refer to the *Historic and Architectural Survey Manual* before completing this form.

Must use *Adobe Acrobat Reader* to complete and save this form. *Adobe Acrobat Reader* can be downloaded at: <https://get.adobe.com/reader/?promoid=KLXME>

General Information

Historic Name: _____

Other Names: _____

Inventory No.: _____

Associated MN Multiple Property Form (Name and Inventory No.): _____

New or Updated Form: _____

Review and Compliance No.: _____

Extant: _____

Agency Proj. No.: _____

Survey Type: _____

Grant No.: _____

Location Information

Street Address: _____

County: _____

City/Twp: _____

If Multiple, List All Counties: _____

If Multiple, List All Cities/Townships: _____

Total Acres: _____

USGS 7.5 Quad Name(s): _____

Township: _____ Range: _____ E/W: _____ Section: _____

QtrQtrQtr: _____ QtrQtr: _____ Qtr: _____

Township: _____ Range: _____ E/W: _____ Section: _____

QtrQtrQtr: _____ QtrQtr: _____ Qtr: _____

Urban:

Subdivision: _____

Block(s): _____

Lot(s): _____

Property Identification Number (PIN): _____

UTM Coordinates:

Datum: _____

UTM Zone	Easting	Northing
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Determinations

Previous Individual Determination:

- National Register Listed
- NPS DOE
- State Register Listed
- CEF
- SEF
- Locally Designated
- Not Eligible

Previous District Determination:

- District Name: _____
- Within a National Register-Listed District
Contributing Status: _____
 - Within a State Register-Listed District
Contributing Status: _____
 - Within a CEF District
Contributing Status: _____

- Within a SEF District
Contributing Status: _____
- Within a Locally Designated District
Contributing Status: _____

Minnesota Individual Property Inventory Form

Historic Name: _____

Inventory No.: _____

Associated MN Multiple Property Form (Name and Inventory No): _____

Classification

Associated Properties (Name and Inventory No.): _____

Property Category: _____

Number of Resources on the Property:

Buildings: ___ Structures: ___ Sites: ___ Objects: ___

Function or Use

Historic:

Function/Use Category: _____

Function/Use Category (if other): _____

Function/Use Subcategory: _____

Function/Use Subcategory (if other): _____

Current:

Function/Use Category: _____

Function/Use Category (if other): _____

Function/Use Subcategory: _____

Function/Use Subcategory (if other): _____

Description

Provide full Narrative Description on Continuation Sheet.

Architectural Style: _____

Architectural Style (if other): _____

Exterior Material: _____

Exterior Material (if other): _____

Significance

Provide full Statement of Significance on Continuation Sheet.

Applicable National Register of Historic Places Criteria:

Criterion A: Property is associated with significant events. Yes No More Research Recommended

Criterion B: Property is associated with the lives of significant persons. Yes No More Research Recommended

Criterion C: Property has significant architectural characteristics. Yes No More Research Recommended

Criterion D: Property may yield important information in history/prehistory. Yes No More Research Recommended

Criteria Considerations? No Yes

If yes, describe in Statement of Significance on Continuation Sheet.

Area of Significance: _____

Additional or Other Area(s) of Significance: _____

Period(s) of Significance: _____

Date(s) Constructed: _____

Other Significant Construction Dates: _____ *Discuss in Statement of Significance on Continuation Sheet.*

Date Source(s): _____

Architect/Builder/Engineer: _____

Architect/Builder/Engineer Documentation: _____

Minnesota Individual Property Inventory Form

Historic Name: _____

Inventory No.: _____

Associated MN Multiple Property Form (Name and Inventory No): _____

Bibliography

Complete Bibliography on Continuation Sheet.

Additional Documentation

For all properties, the following additional documentation must be submitted with the inventory form. Refer to the *Historic and Architectural Survey Manual* for guidance.

1. Photographs
2. Maps

Preparer's Information and Recommendation

Preparer Name and Title: _____

Organization/Firm (if applicable): _____

Date Inventory Form Prepared: _____

Recommended Individual Evaluation:

- Eligible for the National Register
- Not Eligible for the National Register
- More Information Needed for Evaluation

- Eligible for Local Designation
- Not Eligible for Local Designation
- More Information Needed for Local Designation

Recommended District Evaluation:

- Within a National Register-Eligible District

Contributing Status: _____

District Name: _____

District Inventory Number: _____

- Within a Locally-Eligible District

Contributing Status: _____

District Name: _____

District Inventory Number: _____

State Historic Preservation Office Comments (SHPO Use Only)

Initials: _____ Date: _____

Individual Recommendation (NRHP)

- Concur
- Does Not Concur
- More Information Needed

Historic District Recommendation (NRHP)

- Concur
- Does Not Concur
- More Information Needed

Contributing/Noncontributing Status Recommendation

- Concur
- Does Not Concur
- More Information Needed

Comments: