

**United States Department of the Interior
National Park Service**

**NATIONAL REGISTER OF HISTORIC PLACES
REGISTRATION FORM**

DRAFT 6/3/09

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in *How to Complete the National Register of Historic Places Registration Form* (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. 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. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

1. Name of Property

historic name Logan Historic District

other names/site number _____

2. Location

street & number Roughly Bounded by: Front St., High St., Hill St., Keynes Dr., and Culver St. not for publication N/A

city or town Logan vicinity N/A

state Ohio code OH county Hocking code 073 zip code 43138

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act of 1986, 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 ___ nationally ___ statewide ___ locally. (___ See continuation sheet for additional comments.)

Signature of certifying official _____ Date

State or Federal Agency or Tribal government

In my opinion, the property ___ meets ___ does not meet the National Register criteria. (___ See continuation sheet for additional comments.)

Signature of commenting or other official _____ Date

State or Federal agency and bureau

4. National Park Service Certification

I, hereby certify that this property is:	Signature of the Keeper	Date of Action
<input type="checkbox"/> entered in the National Register ___ See continuation sheet.	_____	_____
<input type="checkbox"/> determined eligible for the National Register ___ See continuation sheet.	_____	_____
<input type="checkbox"/> determined not eligible for the National Register	_____	_____
<input type="checkbox"/> removed from the National Register	_____	_____
<input type="checkbox"/> other (explain): _____ _____	_____	_____

5. Classification

Ownership of Property (Check as many boxes as apply)	Category of Property (Check only one Box)	Number of Resources within Property (Do not include previously listed resources in the count)	
<input checked="" type="checkbox"/> private	<input type="checkbox"/> building(s)	Contributing	Noncontributing
<input checked="" type="checkbox"/> public-Local	<input checked="" type="checkbox"/> district	<u>262</u>	<u>35</u> buildings
<input type="checkbox"/> public-State	<input type="checkbox"/> site	<u>2</u>	___ sites
<input checked="" type="checkbox"/> public-Federal	<input type="checkbox"/> structure	___	___ structures
	<input type="checkbox"/> object	___	___ objects
		<u>264</u>	<u>35</u> Total

Name of related multiple property listing
(Enter "N/A" if property is not part of a multiple property listing.)
_____ N/A _____

Number of contributing resources previously
listed in the National Register
_____ 2 _____

6. Function or Use

Historic Functions
(Enter categories from instructions)
DOMESTIC: single dwelling, multiple dwelling
COMMERCE: financial, specialty Store, department store, restaurant
RELIGION: religious facility, church-related residence

Current Functions
(Enter categories from instructions)
DOMESTIC: single dwelling, multiple dwelling
COMMERCE: financial, specialty store, department store, restaurant
RELIGION: religious facility, church-related residence

7. Description

Architectural Classification (Enter categories from instructions)
Mid 19th Century: Greek Revival, Gothic Revival
Late Victorian: Italianate, Queen Anne
Late 19th & Early 20th Century American Movements:
Bungalow/Craftsman

Materials (Enter categories from instructions)
foundation Stone, Brick, Ceramic tile
walls Brick, Stone, Weatherboard, Vinyl
roof Slate, Asphalt
other _____

Narrative Description (Describe the historic and current condition of the property on one or more continuation sheets.)

8. 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 a grave.
- D a cemetery.
- E a reconstructed building, object, or structure.
- F a commemorative property.
- G less than 50 years of age or achieved significance within the past 50 years.

Narrative Statement of Significance

(Explain the significance of the property on one or more continuation sheets.)

Areas of Significance

(Enter categories from instructions)

- Architecture
- Commerce
- Settlement
- _____
- _____
- _____

Period of Significance

c.1839-1960

Significant Dates

Significant Person

(Complete if Criterion B is marked above)

Cultural Affiliation

Architect/Builder

H. Chas Jones
Frank Packard

9. Major Bibliographical References

Bibliography

(Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets.)

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 # _____

Primary Location of Additional Data:

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

10. Geographical Data

Acreage of Property _____

UTM References (Place additional UTM references on a continuation sheet)

	Zone	Easting	Northing		Zone	Easting	Northing
1	<u>17</u>			3	_____	_____	_____
2	_____	_____	_____	4	_____	_____	_____

_____ See continuation sheet.

Verbal Boundary Description (Describe the boundaries of the property on a continuation sheet.)

Boundary Justification (Explain why the boundaries were selected on a continuation sheet.)

11. Form Prepared By

name/title Judith Williams and Nathalie Wright

organization Historic Preservation Consultants date June 2009

street & number P.O. Box 10582 telephone 614-299-2226
city or town Columbus state OH zip code 43201

Additional Documentation

Submit the following items with the completed form:

Continuation Sheets

Maps

- A USGS map (7.5 or 15 minute series) indicating the property's location.
- A sketch map for historic districts and properties having large acreage or numerous resources.

Photographs

Representative black and white photographs of the property.

Additional items (Check with the SHPO or FPO for any additional items)

Property Owner

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

name Multiple – Over 50

street & number _____ telephone _____

city or town _____ state _____ zip code _____

Paperwork Reduction Act Statement: This information is being collected for applications 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. 470 et seq.). A federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18.1 hours per response including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to Keeper, National Register of Historic Places, 1849 "C" Street NW, Washington, DC 20240.