



MISSOURI DEPARTMENT OF NATURAL RESOURCES
STATE HISTORIC PRESERVATION OFFICE
BARN AND FARMSTEAD SURVEY FORM

1. Surveyor: _____
2. Date Surveyed: _____
3. Number of photos submitted: _____
4. Farm address not for publication:

OFFICE USE ONLY	
Property #:	Date Assessed by Staff:
UTM: Zone/Easting/Northing: Z E N	NRHP Status: <input type="checkbox"/> Listed <input type="checkbox"/> Eligible (Indiv.) Criteria: _____ <input type="checkbox"/> Eligible (Dist.) Criteria: _____
Barn Type:	<input type="checkbox"/> Not Eligible
House Type:	House Style:

To complete this farmstead survey, please fill out this form and attach the following information: photographs of the buildings and landscape, a map marking the location of the farm, and any additional sheets of information (i.e. historic information or Barn and Farmstead Survey Continuation Sheet). Consult the instructions to assist in filling out the form. Mail form to: Missouri State Historic Preservation Office, P.O. Box 176, Jefferson City, MO 65102.

PROPERTY OWNER AND GENERAL FARMSTEAD INFORMATION

5. Current Name of Farm	6. Historic Name of Farm	7. Property Address (or distance from nearest crossroad)	8. City or Town <input type="checkbox"/> Vicinity			
9. County	10. Owner Name	11. Owner Address	12. Owner Telephone Number			
13. Owner E-mail Address		14. Visible from public road? <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Township/Range/Section T / R / / S			
16. Is the farm in agricultural use? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. What did the farm historically produce? Mark all that apply. <input type="checkbox"/> Cattle <input type="checkbox"/> Horses <input type="checkbox"/> Crops <input type="checkbox"/> Livestock <input type="checkbox"/> Dairy <input type="checkbox"/> Poultry <input type="checkbox"/> Hobby <input type="checkbox"/> Subsistence <input type="checkbox"/> Hogs <input type="checkbox"/> Other _____	19. What does the farm currently produce? Mark all that apply. <input type="checkbox"/> Cattle <input type="checkbox"/> Horses <input type="checkbox"/> Crops <input type="checkbox"/> Livestock <input type="checkbox"/> Dairy <input type="checkbox"/> Poultry <input type="checkbox"/> Hobby <input type="checkbox"/> Subsistence <input type="checkbox"/> Hogs <input type="checkbox"/> Other _____	20. Overall Farm Condition <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Ruins	21. Current Acreage <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-49 <input type="checkbox"/> 50-179 <input type="checkbox"/> 180-499 <input type="checkbox"/> 500 +	22. Which best describes the current surrounding land use? <input type="checkbox"/> Agricultural fields <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential/Suburbs <input type="checkbox"/> Other _____	23. Population Density- 1 sq. mile <input type="checkbox"/> Scattered <input type="checkbox"/> Moderate <input type="checkbox"/> Dense <input type="checkbox"/> Other _____
17. Is development encroaching the farm? <input type="checkbox"/> Yes <input type="checkbox"/> No			24. History (Please use a continuation sheet to provide a summary of important historic information about the farm, builders, owners, traditions, ethnic or cultural affiliations, and/or significant events that have taken place at the location.)	25. Has it been designated a Century Farm? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PRIMARY BARN (If your farmstead has multiple barns, please fill out the Barn and Farmstead Survey Continuation Sheet and attach that sheet to this form).

26. Photo Number(s)	27. Historic Use (See # 18)	28. Current Use (See # 19)	29. Has the barn been moved? <input type="checkbox"/> Yes <input type="checkbox"/> No	30. Date of Construction <input type="checkbox"/> Circa	31. Approximate date of exterior alterations/additions (describe).	32. Are there other barns like this in the area? If yes, how many or widespread? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ <input type="checkbox"/> Unknown	33. Number of Bays		
34. Structural System <input type="checkbox"/> Brick Bearing <input type="checkbox"/> Concrete <input type="checkbox"/> Fachwerk <input type="checkbox"/> Frame <input type="checkbox"/> Heavy timber <input type="checkbox"/> Log <input type="checkbox"/> Stone Bearing <input type="checkbox"/> Tile <input type="checkbox"/> Other _____	35. Entrance <input type="checkbox"/> Gable End <input type="checkbox"/> Side Gable <input type="checkbox"/> Other _____	36. Roof Type <input type="checkbox"/> Gable <input type="checkbox"/> Gable on Hip <input type="checkbox"/> Gambrel <input type="checkbox"/> Gothic <input type="checkbox"/> Half Monitor <input type="checkbox"/> Mansard <input type="checkbox"/> Monitor <input type="checkbox"/> Polygonal <input type="checkbox"/> Round <input type="checkbox"/> Saltbox <input type="checkbox"/> Shed <input type="checkbox"/> Other _____	37. Roof Materials <input type="checkbox"/> Asphalt shingle <input type="checkbox"/> Asbestos <input type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Slate <input type="checkbox"/> Tar and gravel <input type="checkbox"/> Tile <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	38. Loft <input type="checkbox"/> Yes <input type="checkbox"/> No 39. Foundation Type <input type="checkbox"/> Bank <input type="checkbox"/> Bridged <input type="checkbox"/> On grade <input type="checkbox"/> Piers <input type="checkbox"/> Raised/Ramped <input type="checkbox"/> Other _____	40. Basement <input type="checkbox"/> Yes <input type="checkbox"/> No 41. Foundation Materials <input type="checkbox"/> Brick <input type="checkbox"/> Concrete- Block <input type="checkbox"/> Concrete- Poured <input type="checkbox"/> Stone <input type="checkbox"/> Tile <input type="checkbox"/> Other _____	42. Barn Footprint <input type="checkbox"/> Irregular <input type="checkbox"/> Polygonal <input type="checkbox"/> Rectangular <input type="checkbox"/> Round <input type="checkbox"/> Square <input type="checkbox"/> Other _____	43. Siding/Exterior Wall Material <input type="checkbox"/> Asbestos <input type="checkbox"/> Asphalt <input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Stone <input type="checkbox"/> Wood: Vertical <input type="checkbox"/> Wood: Horizontal <input type="checkbox"/> Vinyl <input type="checkbox"/> Other _____	44. Other Features <input type="checkbox"/> Cupola/Lantern <input type="checkbox"/> Dormer <input type="checkbox"/> Forebay <input type="checkbox"/> Hay Hood <input type="checkbox"/> Lightning Rod <input type="checkbox"/> Milking Shed <input type="checkbox"/> Sliding Doors <input type="checkbox"/> Ventilator(s) <input type="checkbox"/> Weather Vane <input type="checkbox"/> Windows <input type="checkbox"/> Other _____	45. Decorative Designs <input type="checkbox"/> None <input type="checkbox"/> Advertisement <input type="checkbox"/> Carvings <input type="checkbox"/> Cutouts <input type="checkbox"/> Hex Signs <input type="checkbox"/> Mural <input type="checkbox"/> Quilt <input type="checkbox"/> Signage <input type="checkbox"/> Stars <input type="checkbox"/> Other _____ <input type="checkbox"/> Name(s) _____ <input type="checkbox"/> Date(s) _____

FARMHOUSE (If your farm has more than one house, use this section for the historic house and question 60 for the secondary house.)															
46. Photo Number(s)		47. Is this a replacement farmhouse? <input type="checkbox"/> Yes <input type="checkbox"/> No		48. Date of Construction <input type="checkbox"/> Circa		49. Approximate date of exterior alterations/additions (describe).	50. Number of Stories								
51. Footprint <input type="checkbox"/> Irregular <input type="checkbox"/> "L" Shape <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Other _____		53. Foundation Materials <input type="checkbox"/> Brick <input type="checkbox"/> Concrete- block <input type="checkbox"/> Concrete- Poured <input type="checkbox"/> Stone <input type="checkbox"/> Tile <input type="checkbox"/> Other _____		54. Roof Type <input type="checkbox"/> Flat <input type="checkbox"/> Gable- Cross <input type="checkbox"/> Gable- Front <input type="checkbox"/> Gable- Side <input type="checkbox"/> Gambrel <input type="checkbox"/> Hip <input type="checkbox"/> Mansard <input type="checkbox"/> Pyramidal <input type="checkbox"/> Shed <input type="checkbox"/> Other _____		55. Roof Materials <input type="checkbox"/> Asphalt shingle <input type="checkbox"/> Asbestos <input type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Slate <input type="checkbox"/> Tar and gravel <input type="checkbox"/> Tile <input type="checkbox"/> Wood <input type="checkbox"/> Other _____		56. Siding/Exterior Wall Material <input type="checkbox"/> Asbestos <input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Stone <input type="checkbox"/> Stucco <input type="checkbox"/> Wood: Vertical <input type="checkbox"/> Wood: Horizontal <input type="checkbox"/> Vinyl <input type="checkbox"/> Other _____		57. Windows Historic? <input type="checkbox"/> Yes <input type="checkbox"/> No Divisions <input type="checkbox"/> 1/1 <input type="checkbox"/> 2/2 <input type="checkbox"/> 2/1 <input type="checkbox"/> 4/4 <input type="checkbox"/> 3/1 <input type="checkbox"/> 6/6 <input type="checkbox"/> 4/1 <input type="checkbox"/> 6/1 <input type="checkbox"/> Other _____		58. Front Porch Type <input type="checkbox"/> No Front Porch <input type="checkbox"/> Full Width <input type="checkbox"/> Hood <input type="checkbox"/> Partial Width <input type="checkbox"/> Portico <input type="checkbox"/> Stoop <input type="checkbox"/> Wraparound <input type="checkbox"/> Other _____		59. Structural System <input type="checkbox"/> Brick Bearing <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Frame <input type="checkbox"/> Heavy Timber <input type="checkbox"/> Log <input type="checkbox"/> Stone Bearing <input type="checkbox"/> Stone Veneer <input type="checkbox"/> Other _____	
60. OTHER FARMSTEAD RESOURCES (Please include a photograph of each building and indicate the date of construction if known. Number the photographs and write the photo number after the resource name.)				61. FARMSTEAD LAYOUT/SITE PLAN (Please attach an aerial map or sketch the footprint of each building or resource on the farm in relationship to each other and major roads. Label all features—buildings, roads, streams, etc.)				62. SKETCH OF THE BARN'S FLOOR PLAN (Because public access to barn interiors is limited and the floor plan may be undetermined from the exterior, this sketch will assist in classification of the barn type.)							
<input checked="" type="checkbox"/> Check Resources Present		Date Built (or Circa)		<input checked="" type="checkbox"/> Check Resources Present		Date Built (or Circa)									
<input type="checkbox"/> Billboards/Signs				<input type="checkbox"/> Silo											
<input type="checkbox"/> Brooder House				<input type="checkbox"/> Slave Quarters											
<input type="checkbox"/> Butcher Shop				<input type="checkbox"/> Smokehouse											
<input type="checkbox"/> Carriage House				<input type="checkbox"/> Springhouse											
<input type="checkbox"/> Cell Towers				<input type="checkbox"/> Stable											
<input type="checkbox"/> Cellar				<input type="checkbox"/> Summer Kitchen											
<input type="checkbox"/> Chicken Coop				<input type="checkbox"/> Tobacco Shed											
<input type="checkbox"/> Corncrib				<input type="checkbox"/> Tool Shed											
<input type="checkbox"/> Fuel Storage				<input type="checkbox"/> Turkey Barn											
<input type="checkbox"/> Garage				<input type="checkbox"/> Wash House											
<input type="checkbox"/> Grain Bins				<input type="checkbox"/> Water Tank											
<input type="checkbox"/> Granary				<input type="checkbox"/> Well/Cistern/Pump											
<input type="checkbox"/> Hog House/Pig Pen				<input type="checkbox"/> Well or Pump House											
<input type="checkbox"/> Icehouse				<input type="checkbox"/> Windmill											
<input type="checkbox"/> Machine Shed				<input type="checkbox"/> Wood Shed											
<input type="checkbox"/> Milk House				Landscape/Other Features											
<input type="checkbox"/> Outhouse/Privy				<input type="checkbox"/> Cemetery											
<input type="checkbox"/> Pole Barn				<input type="checkbox"/> Fence Rows											
<input type="checkbox"/> Quonset Hut				<input type="checkbox"/> Ruins											
<input type="checkbox"/> Scale/Scale House				<input type="checkbox"/> Stone Walls											
<input type="checkbox"/> Secondary House				<input type="checkbox"/> Other: _____				↑North							