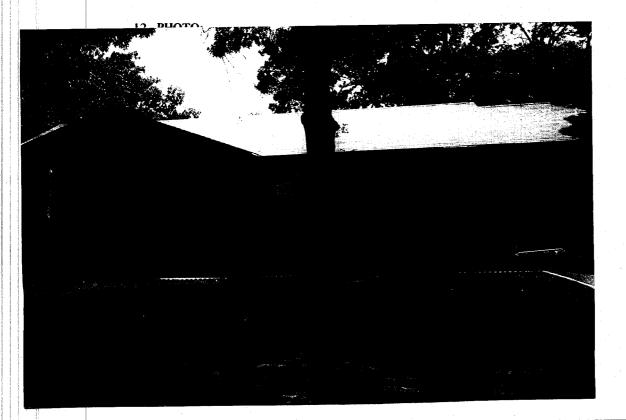
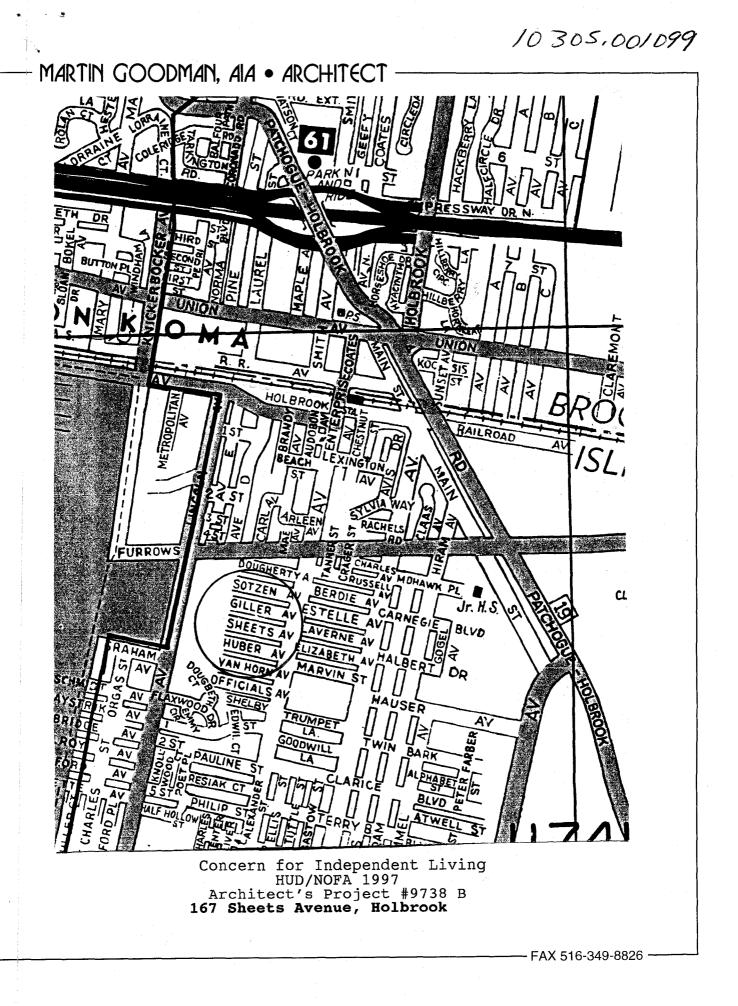
e, 3	97PR1716
BUILDING-STRUCTURE INVENTORY FORM	FOR OFFICE USE ONLY
WIS OFFICE OF PARKS, RECREATION & HISTORIC PRESERVATION IVISION FOR HISTORIC PRESERVATION	UNIQUE SITE NO. <u>10305.001099</u> QUAD 8/7/ SERIES
w YORIK STATE 2 (518) 474-0479	NEG. NO
YOUR NAME:	DATE:
YOUR ADDRESS:	TELEPHONE:
ORGANIZATION (if any):	
* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * *
IDENTIFICATION	
1. BUILDING NAME (S):	
2. COUNTY: <u>SUFFOIK</u> TOWN/CITY: <u>J</u> 3. STREET LOCATION: <u>167 Sheets Ave</u>	
4. OWNERSHIP: a. public b. private	
5. PRESENT OWNER: A	ADDRESS:
6. USE: Original: <u>Aesidence</u> F	Present :
	om public road: Yes 🗆 No 🗆
DESCRIPTION Interior accessible	: Explain
	c. brick 🗋 d. board and batten 🗖
MATERIAL: e. cobblestone f. shingles	g. stucco cother:
9. STRUCTURAL a. wood frame with interlocking	ioints 🗍
SYSTEM: b. wood frame with light memb	
(if known) c. masonry load bearing walls	
d. metal (explain)	
e. other	
10. CONDITION: a excellent D b. good C c.	
11. INTEGRITY: a. original site 🗌 b. moved 🗌	
c. list major alterations and dates (if	known):



14. THREATS TO BUILDING: a. none known d. developers e. deterioration	
f. other:	
a. barn b. carriage house c. garage	
d. privy 🗋 e. shed 🗐 f. greenhouse 🗌	
g. shop $\Box$ h. gardens $\Box$	
i. landscape features: j. other:	
16. SURROUNDINGS OF THE BUILDING (check more than one if necessary):	
a. open land $\Box$ b. woodland $\Box$	
c. scattered buildings	
d. densely built-up = e. commercial = f. industrial = g. residential =	
h. other:	
17. INTERRELATIONSHIP OF BUILDING AND SURROUNDINGS: (Indicate if building or structure is in an historic district)	
18. OTHER NOTABLE FEATURES OF BUILDING AND SITE (including interior features if know	'n):
SIGNIFICANCE 19. DATE OF INITIAL CONSTRUCTION:	
ARCHITECT:	· .
BUILDER:	
BUILDER:	<u> </u>
20. HISTORICAL AND ARCHITECTURAL IMPORTANCE:	
21. SOURCES:	



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