

Oregon Historic Site Form

519 15th St
Oregon City, Clackamas County

LOCATION AND PROPERTY NAME

address: <u>519 15th St</u> <input type="checkbox"/> apprx. addr	historic name:
<u>Oregon City</u> <input type="checkbox"/> vcnt <u>Clackamas County</u>	current/ other names: <u>Willamette Falls Hospital Health Ed Center</u>
Optional Information assoc addresses: (former addresses, intersections, etc.) location descr: (remote sites)	block nbr: _____ lot nbr: _____ tax lot nbr: _____ township: _____ range: _____ section: _____ 1/4: _____ zip: _____

PROPERTY CHARACTERISTICS

resource type: <u>Building</u> height (# stories): <u>3</u>	total # eligible resources: _____ total # ineligible resources: <u>1</u>
elig. evaluation: <u>not eligible/out of period</u>	NR status: _____
primary constr date: <u>2000</u> (c.) <input checked="" type="checkbox"/> secondary date: _____ (c.) <input type="checkbox"/> (optional--use for major addns)	NR date listed: _____ (indiv listed only; see Grouping for hist dist)
primary orig use: <u>Hospital</u>	orig use comments: _____
secondary orig use: _____	prim style comments: _____
primary style: <u>Late 19th/20th Amer. Mvmts: Other</u>	sec style comments: _____
secondary style: _____	siding comments: _____
primary siding: <u>Stucco</u>	architect: _____
secondary siding: _____	builder: _____
plan type: <u>Other/Undefined</u>	
comments/notes:	

GROUPINGS / ASSOCIATIONS

survey project name or other grouping name	<u>Oregon Main Street RLS 2009</u>	<u>Survey & Inventory Project</u>
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farmstead/cluster name: _____ external site #: _____
(ID# used in city/agency database)

SHPO INFO FOR THIS PROPERTY

NR date listed: _____
ILS survey date: _____
RLS survey date: 1/19/2009
Gen File date: _____

106 Project(s)

