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DEVELOPMENT SERVICE
COUNTER



Edmonds
Register of
Historic Places
Nomination Form

FOR OFFICE USE ONLY
Date Received: _____
Received by: _____
File #: _____
Survey Site #: _____

Type or print all entries - Please complete all applicable sections.

A. Site Name / Location

Historic Name (if applicable): _____

Common (or Current) Name (if applicable): _____

Site Address / Location

Street Address or Location Description: 428 3rd Ave N

City / ZIP Code: Edmonds 98020 Tax Parcel Number: _____

B. Property Owner

Name: Michael Field / Margo Swanson

Street Address: 428 3rd Ave N

City / State / ZIP Code: Edmonds Wa 98020 Phone #: 206 877 2230

C. Nomination Form Prepared By

Name (say "Owner" if same as owner listed above): Margo Swanson

Contact Address: Street: same as above City / ZIP: _____

Contact Phone #: _____ Date Form Completed 1/30/24

D. Consent to be Listed (Optional - Not required for a nomination)

I, WE the undersigned certify that we are the owners of the property identified on this form and hereby give our consent to having the property listed on the Edmonds Register of Historic Places.

Name (Please Print) Michael Field

Signature _____ Date 1/30/24

Name (Please Print) Margaret Swanson

Signature Margaret M Swanson Date 1/30/24

E. Eligibility for Listing on the Edmonds Register

_____ Site is listed on the National Register of Historic Places (If checked, skip to Section F)

_____ Site is listed on the State Register of Historic Places (If checked, skip to Section F)

Historical Significance – Please check all that apply:

1. _____ Is associated with events that have made a significant contribution to the broad patterns of national, state or local history.
2. _____ Embodies the distinctive architectural characteristics of a type, period, style or method of design or construction, or represents a significant and distinguishable entity whose components may lack individual distinction.
3. _____ Is an outstanding work of a designer, builder or architect who has made a substantial contribution to the art.
4. _____ Exemplifies or reflects special elements of the city's cultural, special, economic, political, aesthetic, engineering or architectural history.
5. _____ Is associated with the lives of persons significant in national, state or local history.
6. _____ Has yielded or may be likely to yield important archaeological information related to history or prehistory.
7. _____ Is a building or structure removed from its original location but which is significant primarily for architectural value, or which is the only surviving structure significantly associated with a historic person or event.
8. _____ Is a birthplace or grave of a historical figure of outstanding importance and is the only surviving structure or site associated with that person.
9. _____ Is a cemetery which derives its primary significance from age, from distinctive design features, or from association with historic events or cultural patterns.
10. _____ Is a reconstructed building that has been executed in a historically accurate manner on the original site.
11. _____ Is a creative and unique example of folk architecture and design created by persons not formally trained in the architectural or design professions, and which does not fit into formal architectural or historical categories; the designation shall include description of the boundaries.

Historical Description

In the space below, describe the history and significance of the site to Edmonds' heritage. You may elect to describe the site's significance in your own words, attach copies of other documents or photographs, and/or make reference to other materials (noting where those materials are available to be reviewed). For example, you may simply note that the site is on an historical survey, noting the survey name and site number. (Please feel free to attach any additional continuation sheets if you need more space.)

Manufactured Kit - mail ordered Home
from 1924.

F. Physical Description

This section must be completed if the site is not on the State or National Register, or it is not on an approved historic survey. Please provide as much information as you can.

Year Built: 1924 Architect: _____

Builder or Engineer (specify): _____

Architectural Style(s)*: Craftsman Building Form*: Mail order

Roof Type*: _____ Cladding*: _____

* Note: See later reference sheets for list of choices for these items.

Overall Condition:

Excellent
 Good
 Fair
 Deteriorated
 Ruins
 Unexposed

Changes from Original:

Plan:	Cladding:	Windows:	Other:	Site:
<input type="checkbox"/> Intact	<input type="checkbox"/> Intact	<input type="checkbox"/> Intact	<input type="checkbox"/> Intact	<input type="checkbox"/> Original Site
<input type="checkbox"/> Slight	<input type="checkbox"/> Slight	<input type="checkbox"/> Slight	<input type="checkbox"/> Slight	<input type="checkbox"/> Moved
<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Date Moved
<input type="checkbox"/> Extensive	<input type="checkbox"/> Extensive	<input type="checkbox"/> Extensive	<input type="checkbox"/> Extensive	
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	

Plan Type:

Apical
 Center Space
 Courtyard
 Cross Cruciform
 E-Shape
 Hexagonal
 H-Shape
 Irregular
 L-Shape
 None
 Octagonal
 Other

Structural System:

Pavilion
 Polygonal
 Rectangle
 Round
 Semi-circular
 Square
 Triangular
 T-Shape
 Unknown
 U-Shape
 Y-Shape

Balloon Platform
 Braced Frame
 Brick
 Clay Tile
 Concrete block
 Concrete poured
 Log
 Mixed
 None
 Other
 Plank
 Post & Beam
 Steel
 Stone - cut
 Stone - uncut
 Unknown

Foundation:

Brick
 Concrete block
 Concrete poured
 Log
 None
 Other
 Parged
 Post & Pier
 Stone
 Unknown

Roof Material:

Asphalt Comp
 A. Comp - built up
 A. Comp - shingle
 A. Comp - rolled
 Tile
 Tile - clay
 Tile - concrete
 Metal
 Metal - corrugated
 Metal - standing seam

Metal - Tile
 None
 Other
 Slate
 Unknown
 Wood
 Wood plank
 Wood shake
 Wood shingle

_____ Number of Stories

Describe the present and original (if known) physical appearance:
(Use continuation sheets if necessary, and for any photographs or copies you are providing.)

G. Bibliographical or Historical References

(Please list and reference any sources which help document the historical value of the site.)

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Location Detail

Parcel # _____

UTM Reference _____ Zone _____ Easting _____ Northing _____

Township _____ Range _____ Section _____ 1/4 Section _____ 1/2 1/4 Section _____

Category	Ownership	Resource Status	Usage
____ District	____ Public	____ Survey Inventory	____ Current
____ Building(s)	____ Private	____ National Register	_____
____ Structure	____ Both	____ National Landmark	_____
____ Site		____ State Register	____ Historic
____ Object		____ Determined Eligible	_____
		____ Other _____	_____

Within a District?	Contributing?	Local District: _____
____ Yes	____ Yes	National or State Register / District _____
____ No	____ No	_____
	____ Unknown	



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Continuation Sheet for Item # _____