

Ontario County Historical Society
Barn Survey Form

Check (x) Appropriate Survey
Preliminary Survey _____
Detail Survey #1 _____
Detail Survey #2 _____

A. Road Name / Address: _____

Barn Location: _____ Year of Const. _____

Owner's Name per 1904 Ontario County Atlas _____ Builder _____

Owner's Name Today _____

Original Use of Barn _____ What is the barn currently used for? _____

Sheet # _____ Municipality _____

*Are there old photos Y__ N__ and/or existing histories Y__ N__ of the barn/farm available that we may digitize?

Features (check all that apply)

B. Exterior

- | Style | Roof type | Roof Material | Siding |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Log | <input type="checkbox"/> Gable | <input type="checkbox"/> Wood Shingles | <input type="checkbox"/> Vertical Board |
| <input type="checkbox"/> English | <input type="checkbox"/> Gambrel | <input type="checkbox"/> Asphalt Shingles | <input type="checkbox"/> Board & Batten |
| <input type="checkbox"/> Modified English | <input type="checkbox"/> Saltbox | <input type="checkbox"/> Steel | <input type="checkbox"/> Clapboard |
| <input type="checkbox"/> Greek Revival | <input type="checkbox"/> Round | <input type="checkbox"/> Slate | <input type="checkbox"/> Metal |
| <input type="checkbox"/> Italianate | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Brick |
| <input type="checkbox"/> Dutch | | | <input type="checkbox"/> Stone |
| <input type="checkbox"/> Cobblestone | | | <input type="checkbox"/> Other _____ |

- | Foundation | Position | Roof Features |
|---------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Cobblestone | <input type="checkbox"/> On Grade | <input type="checkbox"/> Weather Vane (No. _____) |
| <input type="checkbox"/> Fieldstone | <input type="checkbox"/> Ramped | <input type="checkbox"/> Cupola (No. _____) |
| <input type="checkbox"/> Rock Plinths | <input type="checkbox"/> Banked | <input type="checkbox"/> Ventilators (No. _____) |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Bridged | <input type="checkbox"/> Decorative Features: _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Side Hill | |

C. Interior

Structural System (check all that apply)

- | | | |
|-------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Log | <input type="checkbox"/> Jennings | <input type="checkbox"/> Jamesway _____ |
| <input type="checkbox"/> Hewn | <input type="checkbox"/> Wells | <input type="checkbox"/> Crossett _____ |
| <input type="checkbox"/> Sawn | <input type="checkbox"/> Balloon | <input type="checkbox"/> Other: _____ |

D. Condition of Barn _____

Present Risks _____

E. Addition? Year of Constr./Description _____

F. Other Structures
of historic note

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Spring House | <input type="checkbox"/> Carriage House | <input type="checkbox"/> Ice House |
| <input type="checkbox"/> Outhouse | <input type="checkbox"/> Smoke House | <input type="checkbox"/> Hop House |
| <input type="checkbox"/> Windmill | <input type="checkbox"/> Grainary | <input type="checkbox"/> Silo |
| | | <input type="checkbox"/> Fruit Barn |
| | | <input type="checkbox"/> Other Barns (See Sheet #2) |

G. Use back or graph paper for drawings (orientation of buildings) and measurements (of barn(s)).

Date of Survey: _____ Surveyor: _____

BarnSurveyForm2004