NOTE: The American Institute of Architects in compiling, keeping and servicing this Architects' Roster, does so purely as a service to the profession. The A.I.A. has not checked this questionnaire for accuracy and assumes no responsibility as to the statements made herein

CITY Kittauning	COUNTY austrong
STATE Genua	
DATE Nov 1th	1947

# QUESTIONNAIRE FOR ARCHITECTS' ROSTER

	TYPING IS MANDATORY. PARTNERSHIPS SHOULD	MAKE A JOINT RETURN ONLI.
Green o	n copy to be retained by the author; original and other copy to be ma Relations, The American Institute of Architects, 1741 New York	ailed to the Director of Public and Professional k Avenue, N. W., Washington 6, D. C.
1. (a)	partnership) Olynscia 6. Raini	g L
(b)	b) FORMER FIRM, if any	***************************************
2. BU	CUSINESS ADDRESS 620 Hawthornes Ove Q	Kittanning Pa
3. YE	EAR ESTABLISHED / 908	
	PERSONAL HISTORIES OF PRINCIPALS	Name of Principal
(a)	Furnish data complete, but keep to essentials. I of firm individually; if more than two, a Date of Birth Clay 1/2 [872]  Education Common High School Scrauton Scrauton Scrauton	Describe each member append extra sheets.
(I.)	Brown thomas High delend	Kittaning Pa
<b>(b)</b>	Scranton Education	Jan Jan
(c)	Experience Prior to Own Practice (Give architect or architectural firm affiliations, positions held, a	nd approximate dates of employment.)
( <b>d</b> )	Commenced Practice	
( <b>e</b> )	Number of Years	

	(Give State, Number and Year Issued.)
	Pennsylvania 8th Ady Becember 1939 No E.A. 1754
	No E.A. 1754
(g)	Professional Societies and Offices Held
(8)	Troopsonia potente una ometo rea
<b>(h)</b>	Service in World Wars I and II. (Append data if desired.)
<b>(*)</b>	
(i)	Civic Activities
(a)	(If a member of your staff, so state) STRUCTURAL ENGINEERS
	Name of Firm or Individual John Shoffner Business Address Reystown Building Kithanning On
	Name of Firm or Individual John Shoffuer Business Address Keystowe Building Kithanung Ca
	Business Address
<b>(b)</b>	HEATING & VENTILATING ENGINEERS
	Name of Firm or Individual West Hittorying Lumber Co
	Name of Firm or Individual West Stittaguing Lumber Co Business Address Arthur St. West Stittaguing Ca
<b>(c)</b>	ELECTRICAL ENGINEERS
	Name of Firm or Individual Mest Censer Course Co Business Address Stationary Co
	Business Address Stattanaung On
<b>(d</b> )	PLUMBING OR SANITARY ENGINEERS
( <b>d</b> )	
( <b>d</b> )	
	Name of Firm or Individual Enders Clumbing and Steating Co Business Address Suttanny Ca.
(d) (e)	
	Name of Firm or Individual Enders Clumbing and Steating Co Business Address Suttanny Ca.

Append extra sheet if necessary)			
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<del></del>		 	 
	· <del>,</del>	 	

SOCIATED WITH OTHERS:

Name of Project	Location	Date	Cost	Architect <del>or -</del> Associate Architect
Girat Baptist Church	Good City	1808	25,000.00	· · · · · · · · · · · · · · · · · · ·
1. O. E. Home	Good City		20000.00	
St Marys Parochial School	Hittanian	9 1909	20,000.00	
Gates Grain Elevator	Rittarming		18,000.00	·
Wish Open House	Stattannin	9 1413	40,000.00	
Brich Blant	bolumbia b	F13	50,000.00	
Store Ware house	Pittaburgh	1914	25000.00	,,
Hotel Parker	Carlan Pa	1915	20,000.00	
Relephone Exchange	Luchburgh	1915	15,000,00	
Mathodist Chatestand 6h	wel Sittanu	y 1916	40,000.00	·
Bixler apartments	Sittaning	1916	25000.00	
Ballery & Store	Stittauring	9 1910	25000.00	
Girst Baptist Churc	L Hittania	1922	25016.00	
No 6 Hose House	Kittanung	9 1926	18000.00	
Birst Brethren Church	West Stillan	mg 1946	40000.00	<u> </u>
East Granklin School	armetroug 6	1931	18,000.00	
abo some 300 small	, (	<i>₽</i>		
average from 500	10.00 to 250	00.00 mol	uderng store	- and
gas stations				

	The author submits herewith photographs or photostate been the Architect, as follows: (N.C.A.R.B. present	ts (size $8'' \times 10''$ ) of several buildings for which he ha ation acceptable.)
C	COLLABORATION WITH OTHER ARCHITECTS:	
( <b>a</b> )	As an established individual or firm, are you willing t	o collaborate with other firms or individuals?
<b>(b</b> )	Are you and/or your firm agreeable to accepting supe or vice versa?	rvision of work where designs are produced by others-
( <b>c</b> )	List firms (or individuals) with which you are associated (Please furnish a letter from the other party verifying	ed at present or have an associate or working agreemen ng the association.)
). I,	I/WE DO DO NOT A DESIRE TO HAVE OUT GOVERNMENTAL AGENCIES.	R (THIS) QUESTIONNAIRE MADE AVAILABLE TO
′We	hereby certify that the above is a true statement of fact	
	Name of Firm or Individual	Jynseia C. Pairigh
	Signed by all Principals:	
		,

PHOTOGRAPHS/PHOTOSTATS (Not Mandatory):



STATE Linno

CITY Kittansung COUNTY Armstrong

DATE Jan 20th 1953

# ARCHITECTS' ROSTER

QUESTIONNAIRE

### TO EVERY ARCHITECT IN THE UNITED STATES AND ITS POSSESSIONS:

The Architects' Roster is maintained by The American Institute of Architects as a service to the profession as a whole and to agencies of the United States Government. Every registered architect, whether or not a member of The Institute, is eligible for inclusion in the Roster. The Institute maintains custody of the Roster, keeps it up to date and in good order for use. The Roster is available to any representative of the Government and to representatives of foreign governments in Washington. Reference may be made to The Architects' Roster in negotiations with government agencies and other interested parties. Experience with the Roster since its establishment in 1946 has shown its usefulness. Growing out of an earlier Register of architects qualified for public works, The Roster provides at The Octagon an accurate, current record of the qualifications and achievements of members of the profession. It allows a positive and helpful response to requests for factual information on architects, and in that way constitutes a service to the profession.

The American Institute of Architects assumes no responsibility for the accuracy of statements made in this Questionnaire. The obligation to maintain this record as a current description of an architectural firm rests with the firm, and supplementary record forms are available for this purpose.

### PARTNERSHIPS SHOULD MAKE A JOINT RETURN ONLY.

Original and one copy to be mailed to THE ARCHITECTS' ROSTER, The American Institute of Architects, 1735 New York Avenue, N. W., Washington 6, D. C. One copy to be retained by the author.

1	а	FIRM (Indicate whether individual, partnership or corporation.)	
_	b	FORMER FIRM, Name if any Olynson Lo. Pairigh  REET ADDRESS 620 Stanthorne- ave Sittaming Phone 42-84-93	
_		AR ESTABLISHED 1908	93A E

PE	RSONAL HISTORIES OF PRINCIPALS	
	Furnish data complete, but keep to essentials. D more than four, append extra sheets.	escribe each member of firm individually; if
	61 10	•
	Olynsca C. Pairigh NAME OF PRINCIPAL	
	NAME OF PRINCIPAL	NAME OF PRINCIPAL
а	Date of Birth May 11th 1872	
b	Place of Birth Plumbville And Go	
~	Education Sittaming High School	
	Scranton Consespondence School	
	/	
	,	
		***************************************
_		•
d	Experience Prior to Own Practice	
	(O) It is the little of the control	hald and annuariments detect of amployment
	(Give architect or architectural firm affiliations, position	is neia, and approximate dates of employment.
	Heilman Bros Planing Mill 60	
	Contractors and Builders	,
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	···,·,·,·	
	Gury Shaffer Contractor	,
	hon implyed by above firms	
	Mar Languages Sof avera forme	
	fronk 1905-1708	
	Commenced Practice Andividual 1905	
e	Commenced Practice [Procedural 1108	
£	Number of Years a Principal	
1	Number of Tears a Principal	***************************************
œ	Architectural Licenses (Give State, Number and Year is	sued.)
g	Certiticate Number E.A. 1754	
		•••••
	under the seal of Pennsylvania	
	Stats 8th day of duc 1939	***************************************
	••••	***************************************
	1.00	
h	Membership in Professional Societies and Offices	Held
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	a a sage three the called the control during the desired	٦١.
Ī	Service in World Wars I and II (Append data if desire	d.)
	***************************************	
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	***************************************	
i	Civic Activities	
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	***************************************	

3M-52

# 5 REMARKS CONCERNING QUALIFICATIONS OF FIRM

	(This space is best used to present qualifying information such as number of employees, amount of office space, financial information and other information presumed of interest to a prospective client. Apper extra sheet or use back of this form, if necessary.)
	,
ca	NSULTANTS USUALLY EMPLOYED: (If a member of your staff, so state.)
a	STRUCTURAL ENGINEERS
	Name of Firm or Individual Individual
	Business Address
•	HEATING AND VENTILATING ENGINEERS
	Name of Firm or Individual Kittauring Heat Ogniforment De Luc  Business Address Livant avenue Stittauring Pa
	Business Address Irant Unienne Oluttanning Ca
C	ELECTRICAL ENGINEERS  AR 1.00 P
	Name of Firm or Individual Must Penn Power 60
	Business Address Sefferson St Stittanning Ta
į	PLUMBING OR SANITARY ENGINEERS
	Name of Firm or Individual Mest Stittanning Lumber Do
	Business Address Arthum St. Mest Suttanning On
9	LANDSCAPE ARCHITECTS
	Name of Firm or Individual
	Business Address
f	OTHER (Civil, Foundation or Mechanical Engineers, Appraiser, Equipment Designers, Valuators, Industrial La out Engineers, etc.)

# 7 REPRESENTATIVE WORK FOR WHICH YOU WERE OR ARE ARCHITECTS; OR WERE OR ARE ASSOCIATED WITH OTHERS: (In left margin, mark \*—U. S. Government projects, \*\*—projects not yet complete.)

Name and type of project	Location	Date	Cost	Indicate whether as Architect or Associate Architect
Slumerous Mercontile, open air s in additio	other builds	ngs of r	esidence try	be-
Mercoutite,	the Church	s, dry to	leaving pla	nt-
open air s	theatre and s	everal	remodelin	globs
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8	PHOTOGRAPHS/PHOTOSTATS
	Not mandatory. Submit herewith photographs or photostats (size 8" x 10") of several buildings for which you have been the Architect, as follows: (N.C.A.R.B. presentation acceptable.)
9	COLLABORATION WITH OTHER ARCHITECTS:
	As an established individual firm, are you willing to collaborate with other firms or individuals?
	<b>b</b> Are you and/or your firm agreeable to accepting supervision of work where designs are produced by others—or vice versa?
	C List firms (or individuals) with which you are associated at present or have an associate or working agreement:  (Please furnish a letter from the other party verifying the association.)
	•••••

b	Are you and/or your firm agreeable to accepting supervision of work where designs are produced by vice versa?	
	N	
C	List firms (or individuals) with which you are associated at present or have an associate or working a (Please furnish a letter from the other party verifying the association.)	agree
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TH	IIS QUESTIONNAIRE MAY BE MADE AVAILABLE TO GOVERNMENTAL AGENCIES	no
TH	IIS QUESTIONNAIRE MAY BE MADE AVAILABLE TO GOVERNMENTAL AGENCIES	no
_		no
	ersigned hereby certify that the above is a true statement of facts.	no
	ersigned hereby certify that the above is a true statement of facts.	no
_	ersigned hereby certify that the above is a true statement of facts.  Name of Firm or Individual Olymca 6. Tainigh	
_	ersigned hereby certify that the above is a true statement of facts.  Name of Firm or Individual Olymca O. Tainigh  Signed by all Principals:	
. <u>.</u>	ersigned hereby certify that the above is a true statement of facts.  Name of Firm or Individual. Olymca O. Mainigh  Signed by all Principals:	

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# SUPPLEMENTAL DATA SHEET

STATE	Pennsy	lvania	
	!#-	county/	ations
			MARKANY
DATE	an 20th /	953	

# ARCHITECTS' ROSTER

# QUESTIONNAIRE

Original and one copy to be mailed to THE ARCHITECTS' ROSTER, The American Institute of Architects, 1735 New York Avenue, N. W., Washington 6, D. C. One copy to be retained by the author.

1	a FIRM (Indicate whether i		or corporation.)			
	h FORMER FIRM, Name if	any Olynson	6. Pairigh	C		
2	BUSINESS ADDRESS	Hanthorne Owe	Sittanning	Pa PHON	ie <i>42-849</i>	3
3	REPRESENTATIVE WORK F WITH OTHERS SIN (In left margin, mark *	CE FILING ORIGINA	L QUESTIONNA	IRE:		SOCIATED
	Name and type of project	Location	Date	Cost	Indicate whether or Associate	
4	Use the following space	to bring your orig	jinal Roster Que	estionnaire up	to date by lis	sting new
	licenses obtained,	new memberships	in professional	4	mer new quai	
						·
	<u></u>					
	••••					
5	THIS QUESTIONNAIRE MA	Y BE MADE AVAIL	ABLE TO GOVER	NMENTAL AGE	NCIES. yes	no X
	The undersigned hereby certif	y that the above is a t	rue statement of fo	acts.	2	
	Nam	e of Firm or Individua	ı Olymsca	D. Mair	igh	
		igned by all Principals				·
	reverse side for additional information	.)				