

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

CITY Monroe COUNTY Green
STATE Wisconsin
DATE October 22, 1947

QUESTIONNAIRE FOR ARCHITECTS' ROSTER

TYPING IS MANDATORY. PARTNERSHIPS SHOULD MAKE A JOINT RETURN ONLY.

Green copy to be retained by the author; original and other copy to be mailed to the Director of Public and Professional Relations, The American Institute of Architects, 1741 New York Avenue, N. W., Washington 6, D. C.

1. (a) **FIRM** (individual or partnership) The Alvin F. Rote Company
- (b) **FORMER FIRM**, if any None
2. **BUSINESS ADDRESS** 1527-14th Avenue
3. **YEAR ESTABLISHED** 1902

4. PERSONAL HISTORIES OF PRINCIPALS	Name of Principal	Name of Principal
	<u>R. L. Rote</u>	

Furnish data complete, but keep to essentials. Describe each member of firm individually; if more than two, append extra sheets.

- (a) **Date of Birth** January 12, 1888
- (b) **Education** University of Wisconsin
- (c) **Experience Prior to Own Practice**
(Give architect or architectural firm affiliations, positions held, and approximate dates of employment.)
Associated with Alvin F. Rote
- (d) **Commenced Practice** 1910
- (e) **Number of Years a Principal** 37

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(f) Architectural Licenses
(Give State, Number and Year Issued.)

Wisconsin-

(g) Professional Societies and Offices Held
State Association

(h) Service in World Wars I and II. (Append data if desired.)

Lieut. Engineers
World War I

(i) Civic Activities

Former Pres. Wisconsin State
Chamber of Commerce
Vice Pres. N. T. E. A.

5. CONSULTANTS USUALLY EMPLOYED:

(If a member of your staff, so state)

(a) STRUCTURAL ENGINEERS

Name of Firm or Individual Worden-Allen Company
Business Address Milwaukee, Wisconsin

(b) HEATING & VENTILATING ENGINEERS

Name of Firm or Individual Mott Bros.
Business Address Rockford, Illinois

(c) ELECTRICAL ENGINEERS

Name of Firm or Individual XX
Business Address

(d) PLUMBING OR SANITARY ENGINEERS

Name of Firm or Individual XX
Business Address

(e) LANDSCAPE ARCHITECTS

Name of Firm or Individual McKay Nursery
Business Address Madison, Wisconsin

8. PHOTOGRAPHS/PHOTOSTATS (Not Mandatory):

The author submits herewith photographs or photostats (size 8" x 10") of several buildings for which he has been the Architect, as follows: (N.C.A.R.B. presentation acceptable.)

XX

9. COLLABORATION WITH OTHER ARCHITECTS:

(a) As an established individual or firm, are you willing to collaborate with other firms or individuals?

Yes

(b) Are you and/or your firm agreeable to accepting supervision of work where designs are produced by others— or vice versa?

Yes

(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.)

XX

10. I/WE DO DO NOT DESIRE TO HAVE OUR (THIS) QUESTIONNAIRE MADE AVAILABLE TO GOVERNMENTAL AGENCIES.

I/We hereby certify that the above is a true statement of facts.

Name of Firm or Individual The Alvin F. Rote Company

Signed by all Principals: _____





STATE Wisconsin
CITY Monroe COUNTY Green
DATE January 7, 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 a FIRM (Indicate whether individual, partnership or corporation.)

The Alvin F. Rote Company

b FORMER FIRM, Name if any None

2 STREET ADDRESS 1515-1527 14th Avenue Phone 300

3 YEAR ESTABLISHED 1902

4 PERSONAL HISTORIES OF PRINCIPALS

Furnish data complete, but keep to essentials. Describe each member of firm individually; if more than four, append extra sheets.

Robert L. Rote

NAME OF PRINCIPAL

NAME OF PRINCIPAL

a Date of Birth. January 12, 1888

b Place of Birth.

c Education.
University of Wisconsin

d Experience Prior to Own Practice

(Give architect or architectural firm affiliations, positions held, and approximate dates of employment.)

Associated with The Alvin F. Rote Company

e Commenced Practice 1910

f Number of Years a Principal 37

g Architectural Licenses (Give State, Number and Year issued.)
Wisconsin

h Membership in Professional Societies and Offices Held
State Association

i Service in World Wars I and II (Append data if desired.)

Lieut. Engineers
World War I

j Civic Activities

Former Pres. Wisconsin State
Chamber of Commerce
Vice Pres. N.T.E.A.

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.)

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9 COLLABORATION WITH OTHER ARCHITECTS:

a As an established individual firm, are you willing to collaborate with other firms or individuals?

Yes

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b Are you and/or your firm agreeable to accepting supervision of work where designs are produced by others—
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.)

XX

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10 THIS QUESTIONNAIRE MAY BE MADE AVAILABLE TO GOVERNMENTAL AGENCIES

yes

no

The undersigned hereby certify that the above is a true statement of facts.

Name of Firm or Individual: The Alvin F. Rote Company

Signed by all Principals: *Alvin F. Rote*

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SUPPLEMENTAL DATA SHEET

STATE Wisconsin
 CITY Monroe COUNTY Green
 DATE January 7, 1953.

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 individual, partnership or corporation.)
The Alvin F. Rote Company

b FORMER FIRM, Name if any.....None

2 BUSINESS ADDRESS 1515-1527 14th Avenue PHONE 300

3 REPRESENTATIVE WORK FOR WHICH YOU WERE OR ARE ARCHITECTS; OR WERE OR ARE ASSOCIATED WITH OTHERS SINCE FILING ORIGINAL QUESTIONNAIRE:

(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
Eugene Hotel	Monroe, Wis.	1929	\$200,000.00	R. L. Rote
Schaumer Apts.	Beloit, Wis.	1947	\$250,000.00	R. L. Rote

4 Use the following space to bring your original Roster Questionnaire up to date by listing new licenses obtained, new memberships in professional societies, or other new qualifications.

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5 THIS QUESTIONNAIRE MAY BE MADE AVAILABLE TO GOVERNMENTAL AGENCIES. **yes** **no**

The undersigned hereby certify that the above is a true statement of facts.

Name of Firm or Individual The Alvin F. Rote Company

Signed by all Principals: *Alvin F. Rote*

(Use reverse side for additional information.)

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