



STATE FLORIDA  
CITY ST. PETERSBURG COUNTY PINELLAS  
DATE FEBRUARY 16, 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.

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### 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.)

WM. B. HARVARD, ARCHITECT

**b FORMER FIRM**, Name if any WM. B. HARVARD, ARCHITECT - JOHN B. DODD, ASSOCIATE

**2 STREET ADDRESS** 2714 NINTH STREET NORTH Phone 7-6735

**3 YEAR ESTABLISHED** 1938

**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.

WM. B. HARVARD

NAME OF PRINCIPAL

NAME OF PRINCIPAL

**a Date of Birth** OCTOBER 6, 1911

**b Place of Birth** WALDO, FLORIDA

**c Education** SEWANEE MILITARY ACADEMY  
3 1/2 YRS. UNIVERSITY OF  
CINCINNATI ARCH. SCHOOL

**d Experience Prior to Own Practice**

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

L. MURRAY DIXON  
MIAMI BEACH, FLA.  
MARCH 1934 TO SEPT. 1938

**e Commenced Practice** OCTOBER, 1938

**f Number of Years a Principal** OCTOBER 1938 TO MAY 1941

ARMY CORPS OF ENGRS. 1941 TO APR. 1946. RESUMED PRACTICE APR. 1946 TO PRES

**g Architectural Licenses** (Give State, Number and Year issued.)  
FLORIDA, REG. #1196, 1938  
N.C.A.R.B. REG. #804  
NEW YORK REG. #5827

**h Membership in Professional Societies and Offices Held**

A. I. A. CORPORATE MEMBER

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

MAJOR - CORPS OF ENGINEERS 1941  
TO APRIL 1946  
ENGINEER OFFICER & COMMANDING  
OFFICER - ENGINEER AVIATION  
BN.  
SAIPAN & OKINAWA

**j Civic Activities**

CHAMBER OF COMMERCE

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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.)

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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

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

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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..... *Wm B. Hunt*

Signed by all Principals..... *Architect*

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**SUPPLEMENTAL DATA SHEET**

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WM. B. HARVARD, ARCHITECT  
**b FORMER FIRM**, Name if any WM. B. HARVARD, ARCHITECT - JOHN B. DODD, ASSOCIATE

**2 BUSINESS ADDRESS** 2714 NINTH STREET NORTH PHONE 7-6735

**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
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.....	.....	.....	.....	.....
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**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 WM B Harvard

Signed by all Principals: .....

(Use reverse side for additional information.)

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