

CITY OREGON CITY COUNTY CLACKAMAS

STATE OREGON

DATE 16 APRIL 1953

SUPPLEMENTAL DATA SHEET

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 Department 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) STUART B. MOCKFORD, ARCHITECT, A.I.A.

(b) **FORMER FIRM**, if any _____

2. **BUSINESS ADDRESS** 218 EIGHTH STREET, OREGON CITY, OREGON.

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

Name of Project	Location	Date	Cost	Architect or Associate Architect
<u>WILSONVILLE GRADE SCHOOL, WILSONVILLE, ORE.</u>	<u>1951</u>	<u>\$125,000.00</u>	<u>Architect</u>	
<u>J.C. PENNY STORE</u>	<u>OREGON CITY, ORE</u>	<u>1951</u>	<u>\$105,000.00</u>	<u>Architect</u>
<u>TITLE & TRUST BLDG</u>	<u>OREGON CITY, ORE</u>	<u>1951</u>	<u>\$ 49,000.00</u>	<u>Architect</u>
<u>YORK'S TAVERN</u>	<u>Portland, Oregon.</u>	<u>1950</u>	<u>\$ 30,000.00</u>	<u>Architect</u>

4. **ADDITIONAL ARCHITECTURAL LICENSES SINCE FILING ORIGINAL QUESTIONNAIRE:**

(Give State, Number and Year Issued.)

STATE OF OREGON, #368, 1946 (Willing to obtain licences in other states if necessary)

5. **PROFESSIONAL SOCIETIES AND OFFICES HELD AND CIVIC ACTIVITIES SINCE FILING ORIGINAL QUESTIONNAIRE:**

Oregon Chapter, American Institute of Architects.

6. 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 STUART B. MOCKFORD, ARCHITECT, A.I.A.

Signed by all Principals: _____