

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 New Orleans COUNTY Orleans
STATE Louisiana
DATE 11/28/47

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~~) O. p. Mohr

(b) FORMER FIRM, if any _____

2. BUSINESS ADDRESS 110 Civil District Court Bldg

3. YEAR ESTABLISHED 1908

4. PERSONAL HISTORIES OF PRINCIPALS	Name of Principal	Name of Principal
	<u>Oscar Philip Mohr</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 April 12, 1881

(b) Education Grammar School
High School

(c) Experience Prior to Own Practice
(Give architect or architectural firm affiliations, positions held, and approximate dates of employment.)
Eleven years apprenticeship will leading Architectural firm in New Orleans. Night College Course, Correspondence School course in architecture and engineering.

(d) Commenced Practice April 12, 1908

(e) Number of Years a Principal 39 years.

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

Louisiana, yearly through 1947

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(g) **Professional Societies and Offices Held**

Louisiana Architect's Association.

A. I. A.

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

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(i) **Civic Activities**

President North Lakeview Civic Association.

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5. CONSULTANTS USUALLY EMPLOYED:

(If a member of your staff, so state)

(a) **STRUCTURAL ENGINEERS**

Name of Firm or Individual Ole K. Olesen Co.

Business Address 823 Perdido Street

(b) **HEATING & VENTILATING ENGINEERS**

Name of Firm or Individual American Heating and Plumbing Co.

Business Address 829 Baronne St.

(c) **ELECTRICAL ENGINEERS**

Name of Firm or Individual Pflueger Electric Co.

Business Address 423 Dryades St.

(d) **PLUMBING OR SANITARY ENGINEERS**

Name of Firm or Individual American Heating and Plumbing Co.

Business Address 829 Baronne St.

(e) **LANDSCAPE ARCHITECTS**

Name of Firm or Individual I am a qualified Landscape Architect myself.

Business Address

6. OTHER REMARKS RE QUALIFICATIONS:

(Append extra sheet if necessary) Qualified in Orleans Parish Civil District Court as expert in appraisal & adjustments, and arbitor.

A member of, and on the Building Code Commission B.O.A.C. Pacific Coast Building Code Congress and Southern Building Code Congress. Member Building Code Commission L.A.A. and A.I.A, New Orleans, La.

7. REPRESENTATIVE WORK FOR WHICH YOU WERE OR ARE ARCHITECTS; OR WERE OR ARE ASSOCIATED WITH OTHERS:

Name of Project	Location	Date	Cost	Architect or Associate Architect
La. State University	B.R., La.	1930	\$3000000.00	F.C.Link
Masonic Shrine Temple	N.O. La.	1924	500000.00	Sam Stone
Gibbons Grain Elevator	N.O. La.	1926	400000.00	" "
Western Union Bldg.	N.O.La.	1925	650000.00	Welles-Bosworth
Public Bath House and Concessions Bldg, Pontchartrain Beach, N.O. La.				
Various commercial buildings & residences from \$15000.00 to \$75000.00				
Consulting Architect, Bd. of Commissioners, Port of No. 1928-32				
" "	, Orleans Levee Board 1940-45			
City Architect, 1945-47				
Consulting Architect, State Fire Marshall 1947 -				

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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.)

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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.)

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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



Signed by all Principals: