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JUN 3 1946

STATE OF New York

EDMUND R. PURVES DATE May 24, 1946

IMPORTANT NOTE—If you reside or have your principal office in the localities of a Chapter or Chapters of The Institute which are opposed to the "Architects' Roster" or the "Register of Architects Qualified for Federal Public Works", do not answer or fill out the questionnaire.

*Central n.y.
chpt.*

QUESTIONNAIRE FOR ARCHITECTS' ROSTER AND/OR REGISTER OF ARCHITECTS QUALIFIED FOR FEDERAL PUBLIC WORKS

TYPING IS MANDATORY. PARTNERSHIPS SHOULD MAKE A JOINT RETURN ONLY.
Pink copy is to be retained by the author; other copies to be mailed to The American Institute of Architects, 1741 New York Avenue, N. W., Washington 6, D. C.

- 1. (a) **FIRM** (individual or partnership) *Office of*
Michael J. DeAngelis, Architect
- (b) **FORMER FIRM**, if any None
- 2. **BUSINESS ADDRESS** 42 East Ave.
~~1103-05 and 1305 Temple Bldg., 14 Franklin St. Rochester, N.Y.~~
- 3. **YEAR ESTABLISHED** 1930

4. PERSONAL HISTORIES OF PRINCIPALS	Name of Principal	Name of Principal
	<u>Michael J. DeAngelis</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** November 2, 1905
- (b) **Education** No. 17 School
Jefferson Jr. High
West High School
University of Rochester
Columbia University

- (c) **Experience Prior to Own Practice**
(Give architect or architectural firm affiliations, positions held, and approximate dates of employment.)
Crandall & Strobel, Architects
from 1923 to 1928

- (d) **Commenced Practice** 1929
Investment Bldg., Pittsburgh, Pa.

- (e) **Number of Years a Principal** 16 years.

(f) **Architectural Licenses**

(Give State, Number and Year Issued.)

Pennsylvania, #1338 August 1931 Ohio, 1438 March 1944
Illinois #2500 April 1934
Michigan #2695 Jan. 1940
New York #5088 March 1939

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

Michigan Society of Architects
Pennsylvania Society of Architects

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

None

(i) **Civic Activities**

None

5. CONSULTANTS USUALLY EMPLOYED: Following are all members of our staff.
(If a member of your staff, so state)

(a) **STRUCTURAL ENGINEERS**

Name of Firm or Individual Herbert Kopf
Business Address 1403 Temple Building, Rochester, N. Y.

(b) **HEATING & VENTILATING ENGINEERS**

Name of Firm or Individual Max Katz
Business Address 1403 Temple Building, Rochester, N. Y.

(c) **ELECTRICAL ENGINEERS**

Name of Firm or Individual William Quinlan
Business Address 1403 Temple Bldg., Rochester, N. Y.

(d) **PLUMBING OR SANITARY ENGINEERS**

Name of Firm or Individual Max Katz
Business Address 1403 Temple Bldg., Rochester, N. Y.

(e) **LANDSCAPE ARCHITECTS**

Name of Firm or Individual G. Campbell Lothian
Business Address 1403 Temple Bldg., Rochester, N. Y.

6. **OTHER REMARKS RE QUALIFICATIONS:** We are now the Architects for the Rochester State Hospital, State of New York
 (Append extra sheet if necessary) Total program \$7,500,000.

7. SUMMARY OF PROJECT COSTS:

	Largest Single Job	All Jobs Valuation	Annual Average
Work Completed 1930-1940	\$1,000,000	\$10,000,000	\$1,000,000.
Work Completed 1941-1946	\$4,000,000	\$10,000,000	\$2,000,000.
Current Work under construction or working drawings authorized	7,000,000	\$10,000,000	\$5,000,000

8. REPRESENTATIVE WORK FOR WHICH YOU WERE ARCHITECT OR WERE ASSOCIATED WITH OTHERS:

(a) **Three Projects Not Exceeding Cost of \$300,000:**

Name of Project	Cost	Location	Owner
Faculty Apt., Cornell University	\$300,000	Ithaca, N. Y.	Robert Treman
Riviera Theatre Building	\$200,000	Syracuse, N. Y.	Harry Gilbert
Julian Brown Club	\$250,000	Syracuse, N. Y.	Julian S. Brown

(b) **Three Projects Costing From \$300,000 to \$1,000,000:**

Name of Project	Cost	Location	Owner
Mansfield State Teachers College	\$1,000,000	Mansfield, Pa.	Commonwealth of Pennsylvania
Comerford Theatre Building	350,000	Carlyle, Pa.	Comerford Theatre Corp.
Oriental Theatre Building	350,000	Rochester, Pa.	M. J. Winograd

(c) **Three Projects Costing Over \$1,000,000:**

Name of Project	Cost	Location	Owner
Rochester State Hospital	\$4,000,000	Rochester, N. Y.	State of New York

9. PHOTOGRAPHS/PHOTOSTATS:

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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10. COLLABORATION WITH JUNIOR ARCHITECTS:

(a) If an established individual or firm, are you willing to collaborate with other firms or individuals which would permit junior architects to qualify and help further their professional careers?

Yes

(b) If in private practice at this time, name associates (if additional architects are to be added to your organization) for the purpose of qualifying:

Mr. Robert Jones

~~Mr. Lewis Brew~~

~~Mr. Ralph D. Peterson, Jr.~~

(c) If not in private practice at this time, name established architect or firm with whom you have agreed to collaborate, for the purpose of qualifying:

.....

11.(a) I/We wish to be included in the Architects' Roster
~~do not wish to be~~

(b) I/We would like to be considered for the Register of Architects Qualified for Federal Public Works
~~do not wish to be~~

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

Name of Firm or Individual

Stapp
Michael D. Stapp

Signed by all Principals:

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.....

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.

Central NY

CITY Rochester COUNTY Monroe
 STATE New York
 DATE May 20, 1949

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) Offices of M. J. DeAngelis

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

2. **BUSINESS ADDRESS** Cutler Building, 42 East Ave., Rochester 4, New York
121 North Broad St. Philadelphia, Pa.

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
Medical-Surgical Bldg. Rochester State Hosp.	Rochester, N.Y.	1948	\$7,500,000	M. J. DeAngelis, Architect
Shea Theatre	Ashtabula, Ohio	Feb. 49	800,000	M. J. DeAngelis, Architect
Belmont Theatre	Youngstown, Ohio	Jan. 49	500,000	" "

4. **ADDITIONAL ARCHITECTURAL LICENSES SINCE FILING ORIGINAL QUESTIONNAIRE:**
 (Give State, Number and Year Issued.)

Virginia #615 Mar. 1, 1947

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

New York State Association of Architects
National Council Registration Boards, Contributing Member

6. I/WE 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 Michael J. DeAngelis

Signed by all Principals: _____

SUPPLEMENTAL DATA SHEET

STATE New York and Pennsylvania

CITY Rochester, N.Y. COUNTY Monroe

DATE Jan. 26, 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.)

Individual. Offices of M. J. DeAngelis

b FORMER FIRM, Name if any.....

215-225 Cutler Bldg. Rochester, N.Y. Hamilton 2520

2 BUSINESS ADDRESS 121 N. Broad St. Philadelphia, Penna. PHONE Locust 4-4115

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
<u>Carib. Theater Bldg.</u>	<u>Miami Beach Florida</u>	<u>1952</u>	<u>\$ 1,000,000.</u>	<u>As Architect</u>
<u>N.Y. State Hospital</u>	<u>Rochester, N.Y.</u>	<u>1952</u>	<u>1,000,000.</u>	<u>As Architect</u>
<u>Mancuso Office Bldg.</u>	<u>Batavia, N.Y.</u>	<u>1950</u>	<u>1,000,000.</u>	<u>As Architect</u>
<u>Elementary School</u>	<u>Endicott, N.Y.</u>	<u>1952</u>	<u>1,250,000.</u>	<u>As Architect</u>

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.

New Jersey # 2975 Rochester Chamber of Commerce
Florida # 1698 N.C.A.R.E. associate Contributing Member

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 Offices of Michael J. DeAngelis

Signed by all Principals: *Michael J. DeAngelis*

(Use reverse side for additional information.)

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