

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 Santa Barbara COUNTY Santa Barbara
 STATE California
 DATE December 29, 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) CHARLES CRANE
- (b) **FORMER FIRM**, if any Henry C. Pelton Associates. James Gamble Rogers, Inc.
2. **BUSINESS ADDRESS** P.O. Box 777, Santa Barbara, Calif.
3. **YEAR ESTABLISHED** 1947

4. PERSONAL HISTORIES OF PRINCIPALS	Name of Principal	Name of Principal
	<u>Charles Crane</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** August 16, 1897.
- (b) **Education** The Madison School, N.Y.
Ecole des Beaux Arts, Toulouse, France.
Y.M.C.A. Architectural School, N.Y.
Travel in England, France & Italy.
- (c) **Experience Prior to Own Practice**
 (Give architect or architectural firm affiliations, positions held, and approximate dates of employment.)

<u>Mulliken & Moeller, jun. draftsman, 1914-16</u>	
<u>" " asst. sup. of construction 1917</u>	
<u>Henry C. Pelton, draftsman 1920-21</u>	
<u>" " " chief draftsman 1922-23</u>	
<u>" " " member of firm 1924-35</u>	
<u>James Gamble Rogers, associate 1936-40</u>	
- (d) **Commenced Practice** 1924
- (e) **Number of Years a Principal** 17

(f) Architectural Licenses

(Give State, Number and Year Issued.)

New York 2036 1923
Mississippi (no number) 1936
Oklahoma 91 1936
Tennessee 656 1936
Utah 107 1937
California C-939 1947

(g) Professional Societies and Offices Held

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

WW#1-Corps of Engrs Nov.24,1917-July 29,1919
WW#2-Coast Arty & General Staff Nov.20,1940-
Sept.10,1945. Major to Colonel.

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(i) Civic Activities

Former president of Community
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.....
Business Address

(b) HEATING & VENTILATING ENGINEERS

Name of Firm or Individual Guy B. Panero
Business Address 420 Lexington Ave., New York 17.

(c) ELECTRICAL ENGINEERS

Name of Firm or Individual Clifton E. Smith,
Business Address 415 Lexington Ave., New York 17.

(d) PLUMBING OR SANITARY ENGINEERS

Name of Firm or Individual Guy B. Panero,
Business Address 420 Lexington Ave., New York 17.

(e) LANDSCAPE ARCHITECTS

Name of Firm or Individual.....
Business Address

6. OTHER REMARKS RE QUALIFICATIONS: NCARB certificate #48.

(Append extra sheet if necessary) See attached sheet for hospital experience.

Approved as a qualified hospital architect by the American Hospital Association.

Multiple horizontal dashed lines for additional remarks.

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
Res. for Benj. D. Riegel	Southport, Conn.	1924	\$200,000.	Architect
Christodora Settlement House	N.Y.C.	1928	\$1,000,000.	"
Riverside Church	N.Y.C.	1931	\$4,000,000.	Associate
Human Welfare Group for Yale	New Haven			
Medical School-New Haven Hospital	Conn.	1925-32	\$5,000,000.	Associate
Business Bldg, 640 Madison Ave.,	N.Y.C.	1934	\$300,000.	Architect
Res. for Francis Blossom	Fairfield, Conn.	1934	\$100,000.	"

See attached sheet for list of hospitals and health centers.

Multiple horizontal dashed lines for additional representative work entries.

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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 Charles Crane

Signed by all Principals:

CHARLES CRANE
CONSULTING ARCHITECT
NEW YORK
and Santa Barbara, Calif.

HOSPITAL EXPERIENCE RECORD

Approved as a qualified hospital architect by the American Hospital Association. National Council of Architectural Registration Boards Certificate #48. Registered architect in the states of New York, Tennessee, Mississippi, Oklahoma and Utah.

HOSPITALS DESIGNED BY CHARLES CRANE

<u>Date</u>	<u>Name</u>	<u>Location</u>	<u>Beds</u>	<u>Cost</u>
1927	Southside Community Hospital	Farmville, Virginia	55	\$ 321,000.
1929	Franklin County Memorial Hospital	Farmington, Maine	51	300,000.
"	T. J. Samson Community Hospital	Glasgow, Kentucky	96	300,000.
"	Detweiler Memorial Hospital	Wauseon, Ohio	51	324,000.
"	Community Hospital	Beloit, Kansas	49	313,000.
"	Mather Memorial Hospital	Port Jefferson, New York	70	600,000.
1935	Holston Valley Community Hospital	Kingsport, Tennessee	114	561,000.
1937	North Mississippi Community Hospital	Tupelo, Mississippi	53	435,000.
1938	Valley View Hospital	Ada, Oklahoma	70	370,000.
1939	Utah Valley Hospital	Provo, Utah	60	406,000.
1940	Marion Sims Memorial Hospital	Lancaster, South Carolina	64	356,000.
1941	Add.to NY Hospital Westchester Div.	White Plains, New York		100,000.
1942	Illini Community Hospital	Pittsfield, Illinois	48	352,000.
1943	Central Michigan Community Hospital	Mt. Pleasant, Michigan	60	355,000.

ASSOCIATE ARCHITECT FOR

1921	Enlargement Coaldale State Hospital	Coaldale, Pennsylvania	120	797,000.
1926	Locust Mountain State Hospital	Shenandoah, Pennsylvania	77	600,000.
1929	Babies Hospital, Col-Pres-Med-Center	New York City		1,000,000.
1930	Buildings for Yale Medical School- New Haven Hospital	New Haven, Connecticut		6,000,000.
1934	3 District Health Centers	New York City		1,500,000.

CONSULTING ARCHITECT FOR

1940	Dodge County Community Hospital	Fremont, Nebraska	60	231,000.
1942	Riverside Hospital, TB Pavilion	New York City	150	900,000.

HEALTH CENTER BUILDINGS DESIGNED BY CHARLES CRANE

1931	Rutherford County Health Center	Murfreesboro, Tennessee		60,000.
1936	Nashoba Health Center	Ayer, Massachusetts		22,000.
1938	Sullivan County Health Center	Blountville, Tennessee		29,000.
"	Gibson County Health Center	Trenton, Tennessee		31,000.
"	Pike County Health Center	McComb, Mississippi		33,000.
1939	Lauderdale County Health Center	Meridian, Mississippi		37,000.

AUTHOR

Charles Crane furnished the information on design and construction of hospitals for the book "SMALL COMMUNITY HOSPITALS" published 1944 by The Commonwealth Fund of New York City.

SUPPLEMENTAL DATA SHEET

STATE California
CITY Santa Barbara COUNTY Santa Barbara
DATE June 8, 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.)
CHARLES CRANE (individual)

b FORMER FIRM, Name if any Henry C. Pelton Associates also James Gamble Rogers, Inc.

2 BUSINESS ADDRESS P.O. Box 777, Santa Barbara, Calif. PHONE _____

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

I have retired from active practice.

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 Charles Crane

Signed by all Principals: _____

(Use reverse side for additional information.)

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