

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.

CITY OF Chicago

STATE OF Illinois

DATE May 5, 1947

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) Barbara Wolfe Siemens
- (b) **FORMER FIRM**, if any _____
- 2. **BUSINESS ADDRESS** 9559 Longwood Drive
- 3. **YEAR ESTABLISHED** 1946

4. PERSONAL HISTORIES OF PRINCIPALS	Name of Principal	Name of Principal
	<u>Barbara Wolfe Siemens</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** June 20, 1922
- (b) **Education** 1 yr., Kent State University, Kent, Ohio; 5 yrs. Ohio State University, Columbus, Ohio, Bach. of Arch. Degree, June 1945
- (c) **Experience Prior to Own Practice**
(Give architect or architectural firm affiliations, positions held, and approximate dates of employment.)
 - 1 Howard Dwight Smith, University Arch., Ohio State Univ., draftsman, 1944-45
 - 2 Advance Lumber Co. Fremont, Ohio, draftsman, 4 months, 1945
 - 3 Ralph D. Huszagh, Arch., John Demuth, Ass., draftsman, 1946, 1947.
- (d) **Commenced Practice** November 1946
- (e) **Number of Years a Principal** 1/2 year

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

Ohio, 1565, 1946

(g) **Professional Societies and Offices Held**
AIA, Columbus, Ohio

(h) **Service in World Wars I and II.** (Append data if desired.)
none

(i) **Civic Activities**

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
Business Address

(c) **ELECTRICAL ENGINEERS**

Name of Firm or Individual
Business Address

(d) **PLUMBING OR SANITARY ENGINEERS**

Name of Firm or Individual
Business Address

(e) **LANDSCAPE ARCHITECTS**

Name of Firm or Individual
Business Address

6. OTHER REMARKS RE QUALIFICATIONS:.....

(Append extra sheet if necessary).....

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7. SUMMARY OF PROJECT COSTS:

	Largest Single Job	All Jobs Valuation	Annual Average
Work Completed 1930-1940
Work Completed 1941-1946
Current Work under construction or working drawings authorized

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
Residence	40,000	Fremont, Ohio	Stanley Wolfe
Residence	25,000	Fremont, Ohio	Robert Johnson
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(b) Three Projects Costing From \$300,000 to \$1,000,000:

Name of Project	Cost	Location	Owner
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(c) Three Projects Costing Over \$1,000,000:

Name of Project	Cost	Location	Owner
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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:

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- (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:

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- 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 Barbara Wolfe Siemens

Signed by all Principals: Barbara Wolfe Siemens

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