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ARCHITECTS' ROSTER

QUESTIONNAIRE

TO EVERY ARCHITECT IN THE UNITED STATES AND ITS POSSESSIONS:

The Architects' Roster is maintained by The American Institute of Architects as a service to the profession as a whole and to agencies of the United States Government. Every registered architect, whether or not a member of The Institute, is eligible for inclusion in the Roster. The Institute maintains custody of the Roster, keeps it up to date and in good order for use. The Roster is available to any representative of the Government and to representatives of foreign governments in Washington. Reference may be made to The Architects' Roster in negotiations with government agencies and other interested parties. Experience with the Roster since its establishment in 1946 has shown its usefulness. Growing out of an earlier Register of architects qualified for public works, The Roster provides at The Octagon an accurate, current record of the qualifications and achievements of members of the profession. It allows a positive and helpful response to requests for factual information on architects, and in that way constitutes a service to the profession.

The American Institute of Architects assumes no responsibility for the accuracy of statements made in this Questionnaire. The obligation to maintain this record as a current description of an architectural firm rests with the firm, and supplementary record forms are available for this purpose.

PARTNERSHIPS SHOULD MAKE A JOINT RETURN ONLY.

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		FIRM (Indicate whether individual, partnership or corporation.) Walter Lohn Skinner , Architect	
2	b str	FORMER FIRM, Name if any Office of Water John Skinner. I EET ADDRESS Juntington St., KFD#2 Phone 4950	tecritical
3	YE	AR ESTABLISHED 1950	7.6 EQ

PE	KSONAL HISTORIES OF PRINCIPALS	
	Furnish data complete, but keep to essentials. Do more than four, append extra sheets.	escribe each member of firm individually; if
	1/4///	•
	Walter John Supper	
	NAME OF PRINCIPAL	NAME OF PRINCIPAL
	1010	NAME OF FRINCIPAL
а	Date of Birth 1919	
_	Wast House	
b	Place of Birth WEST HAVED	
	M. H. / D. / !:	
C	Education ////orc/ /Ub//C	
	Schools	
	Architectural education	<u>/</u>
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	John Skinner Architect	
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d	Experience Prior to Own Practice	
	con the the transfer of the state of the sta	title to the literate columns
	(Give architect or architectural firm affiliations, position	s held, and approximate dates of employment.
	Office of Walter	
	John Skinner 1336	***************************************
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	1950	***************************************
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_	Commenced Practice /950	
e		
f	Number of Years a Principal2	***************************************
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g	Architectural Licenses (Give State, Number and Year iss	ued.)
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h	Membership in Professional Societies and Offices I	-leld
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į	Civic Activities	
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		(This space is best used to present qualifying information such as number of employees, amount of office space, financial information and other information presumed of interest to a prospective client. Append extra sheet or use back of this form, if necessary.)
6	CC	ONSULTANTS USUALLY EMPLOYED: (If a member of your staff, so state.)
	а	STRUCTURAL ENGINEERS Name of Firm or Individual
		Name of Firm or Individual
		Business Address
	b	HEATING AND 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
	f	OTHER (Civil, Foundation or Mechanical Engineers, Appraiser, Equipment Designers, Valuators, Industrial Layout Engineers, etc.)

5 REMARKS CONCERNING QUALIFICATIONS OF FIRM

7 REPRESENTATIVE WORK FOR WHICH YOU WERE OR ARE ARCHITECTS; OR WERE OR ARE ASSOCIATED WITH OTHERS: (In left margin, mark *—U. S. Government projects, **—projects not yet complete.)

		Name of	and type project	Location	Date	Cost	Indicate whether as Architect or Associate Architect
5,	trationa	Chronic	Hospital	Strattord, Conn	1951	\$350,000,	on Architect,
M	ilford 1	Hospital	(Gen)	Milford Conn	1952-3	\$ 600,000.	10 Architect
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8 PHOTOGRAPHS/PHOTOSTATS

	in established individual firm, are you willing t		
b Are y	you and/or your firm agreeable to accepting vice yersa?	supervision of work where	e designs are produced by others—or
c List	firms (or individuals) with which you are asso (Please furnish a letter from the other party	ociated at present or have	e an associate or working agreements
THIS Q	UESTIONNAIRE MAY BE MADE AVAILA	ABLE TO GOVERNMEN	TAL AGENCIES Z no
undersigne	ed hereby certify that the above is a true state	ment of facts.	John & Cinno
	Name of Firm or Individual Signed by all Principals:	munac	- January Company Comp