



**Edmonds
Register of
Historic Places
Nomination Form**

RECEIVED

May 18, 2023

CITY OF EDMONDS
DEVELOPMENT SERVICES
DEPARTMENT

FOR OFFICE USE ONLY

Date Received: _____

Received by: _____

File #: _____

Survey/Site #: _____

Type or print all entries – Please complete all applicable sections.

A. Site Name / Location

Historic Name (if applicable): _____

Common (or Current) Name (if applicable): _____

Site Address / Location

Street Address or Location Description: 820 MAIN ST

City / ZIP Code: EDMONDS 98020 Tax / Parcel Number: _____

B. Property Owner

Name: JOHN + CHERYL NEEDHAM

Street Address: 820 MAIN ST

City / State / ZIP Code: EDMONDS, WA 98020 Phone #: 714 420 3985

C. Nomination Form Prepared By

Name (say "Owner" if same as owner listed above): SAME

Contact Address: Street: _____ City / ZIP: _____

Contact Phone #: _____ Date Form Completed: _____

D. Consent to be Listed (Optional – Not required for a nomination)

I / WE the undersigned certify that we are the owners of the property identified on this form and hereby give our consent to having the property listed on the Edmonds Register of Historic Places.

Name (Please Print) JOHN NEEDHAM

Signature [Signature] Date 5-12-2023

Name (Please Print) _____

Signature _____ Date _____

JOHN + CHERYL NEEDHAM
820 MAIN ST
EDMONDS, WA 98020

EMAIL NEEDJOHN@GMAIL.COM CEL 714-420-3985

E. Eligibility for Listing on the Edmonds Register

____ Site is listed on the National Register of Historic Places (If checked, skip to Section F)

____ Site is listed on the State Register of Historic Places (If checked, skip to Section F)

Historical Significance – Please check all that apply:

1. ____ Is associated with events that have made a significant contribution to the broad patterns of national, state or local history.
2. ☒ Embodies the distinctive architectural characteristics of a type, period, style or method of design or construction, or represents a significant and distinguishable entity whose components may lack individual distinction.
3. ____ Is an outstanding work of a designer, builder or architect who has made a substantial contribution to the art.
4. ____ Exemplifies or reflects special elements of the city's cultural, special, economic, political, aesthetic, engineering or architectural history.
5. ____ Is associated with the lives of persons significant in national, state or local history.
6. ____ Has yielded or may be likely to yield important archaeological information related to history or prehistory.
7. ____ Is a building or structure removed from its original location but which is significant primarily for architectural value, or which is the only surviving structure significantly associated with a historic person or event.
8. ____ Is a birthplace or grave of a historical figure of outstanding importance and is the only surviving structure or site associated with that person.
9. ____ Is a cemetery which derives its primary significance from age, from distinctive design features, or from association with historic events or cultural patterns.
10. ____ Is a reconstructed building that has been executed in a historically accurate manner on the original site.
11. ____ Is a creative and unique example of folk architecture and design created by persons not formally trained in the architectural or design professions, and which does not fit into formal architectural or historical categories; the designation shall include description of the boundaries.

Historical Description

In the space below, describe the history and significance of the site to Edmonds' heritage. You may elect to describe the site's significance in your own words, attach copies of other documents or photographs, and/or make reference to other materials (noting where those materials are available to be reviewed). For example, you may simply note that the site is on an historical survey, noting the survey name and site number. (Please feel free to attach any additional continuation sheets if you need more space.)

SNOHOMISH COUNTY RECORDS BUILT 1901 — LARGELY
ORIGINAL EXCEPT BED & BATH ADDITION IN BACK. — UPGRADES
PLUMBING, ELECTRICAL, SEWER AND WINDOWS.

F. Physical Description

This section must be completed if the site is not on the State or National Register, or it is not on an approved historic survey. Please provide as much information as you can.

Year Built: 1901 Architect: _____

Builder or Engineer (specify): _____

Architectural Style(s)*: CRAFTMAN Building Form*: _____

Roof Type*: ASPHALT Cladding*: SINGLE

* Note: See later reference sheets for list of choices for these items.

Overall Condition:	Changes from Original:	Plan:	Cladding:	Windows:	Other:	Site:
<input checked="" type="checkbox"/> Excellent						
<input type="checkbox"/> Good	<input type="checkbox"/> Intact	<input checked="" type="checkbox"/> Intact	<input type="checkbox"/> Intact	<input type="checkbox"/> Intact	<input type="checkbox"/> Intact	<input checked="" type="checkbox"/> Original Site
<input type="checkbox"/> Fair	<input type="checkbox"/> Slight	<input type="checkbox"/> Slight	<input type="checkbox"/> Slight	<input type="checkbox"/> Slight	<input type="checkbox"/> Slight	<input type="checkbox"/> Moved
<input type="checkbox"/> Deteriorated	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	Date Moved: _____
<input type="checkbox"/> Ruins	<input type="checkbox"/> Extensive	<input type="checkbox"/> Extensive	<input checked="" type="checkbox"/> Extensive	<input type="checkbox"/> Extensive	<input type="checkbox"/> Extensive	
<input type="checkbox"/> Unexposed	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	

Plan Type:	Structural System:	Foundation:	Roof Material:
<input type="checkbox"/> Apsidal	<input type="checkbox"/> Pavilion	<input checked="" type="checkbox"/> Brick	<input checked="" type="checkbox"/> Asphalt Comp
<input type="checkbox"/> Center Space/	<input type="checkbox"/> Polygonal	<input checked="" type="checkbox"/> Concrete block	<input type="checkbox"/> A. Comp - built up
<input type="checkbox"/> Courtyard	<input type="checkbox"/> Rectangle	<input type="checkbox"/> Concrete poured	<input type="checkbox"/> A. Comp - shingle
<input type="checkbox"/> Cross/Cruciform	<input type="checkbox"/> Round	<input type="checkbox"/> Log	<input type="checkbox"/> A. Comp - rolled
<input type="checkbox"/> E-Shape	<input type="checkbox"/> Semi-circular	<input type="checkbox"/> None	<input type="checkbox"/> Tile
<input type="checkbox"/> Hexagonal	<input type="checkbox"/> Square	<input type="checkbox"/> Other	<input type="checkbox"/> Tile - clay
<input type="checkbox"/> H-Shape	<input type="checkbox"/> Triangular	<input type="checkbox"/> Parged	<input type="checkbox"/> Tile - concrete
<input type="checkbox"/> Irregular	<input type="checkbox"/> T-Shape	<input checked="" type="checkbox"/> Post & Pier	<input type="checkbox"/> Metal
<input type="checkbox"/> L-Shape	<input type="checkbox"/> Unknown	<input type="checkbox"/> Stone	<input type="checkbox"/> Metal - corrugated
<input type="checkbox"/> None	<input type="checkbox"/> U-Shape	<input type="checkbox"/> Unknown	<input type="checkbox"/> Metal - standing seam
<input type="checkbox"/> Octagonal	<input type="checkbox"/> Y-Shape		
<input type="checkbox"/> Other			
	<input type="checkbox"/> Balloon/Platform		<input type="checkbox"/> Metal - Tile
	<input type="checkbox"/> Braced Frame		<input type="checkbox"/> None
	<input checked="" type="checkbox"/> Brick		<input type="checkbox"/> Other
	<input type="checkbox"/> Clay Tile		<input type="checkbox"/> Slate
	<input type="checkbox"/> Concrete block		<input type="checkbox"/> Unknown
	<input type="checkbox"/> Concrete poured		<input type="checkbox"/> Wood
	<input type="checkbox"/> Log		<input type="checkbox"/> Wood plank
	<input type="checkbox"/> Mixed		<input type="checkbox"/> Wood shake
	<input type="checkbox"/> None		<input type="checkbox"/> Wood shingle
	<input type="checkbox"/> Other		
	<input type="checkbox"/> Plank		
	<input checked="" type="checkbox"/> Post & Beam		
	<input type="checkbox"/> Steel		
	<input type="checkbox"/> Stone - cut		
	<input type="checkbox"/> Stone - uncut		
	<input type="checkbox"/> Unknown		

2 Number of Stories

Describe the present and original (if known) physical appearance:

(Use continuation sheets if necessary, and for any photographs or copies you are providing.)

G. Bibliographical or Historical References

(Please list and reference any sources which help document the historical value of the site.)

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Location Detail

Parcel # 00434207700500

UTM Reference: Zone SFR Easting _____ Northing _____

Township _____ Range _____ Section _____ ¼ Section _____ ¼ ¼ Section _____

Category

____ District
____ Building(s)
☒ Structure
____ Site
____ Object

Ownership

____ Public
☒ Private
____ Both

Resource Status

____ Survey/Inventory
____ National Register
____ National Landmark
____ State Register
____ Determined Eligible
Other: _____

Usage

Current: SINGLE FAMILY

Historic: _____

Within a District?

____ Yes
____ No

Contributing?

____ Yes
____ No
☒ Unknown

Local District: _____

National or State Register / District: _____



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Continuation Sheet for Item # _____