

United States Department of the Interior
National Park Service

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in *How to Complete the National Register of Historic Places Registration Form* (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. If an item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items

1. Name of Property

historic name Cadman-White-Handy House

other names/site number Handy House

2. Location

street & number 202 Hixbridge Road

N/A not for publication

city or town Westport

N/A vicinity

state Massachusetts

code MA

county Bristol

code 005

zip code 02791

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this nomination request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property meets does not meet the National Register criteria. I recommend that this property be considered significant nationally statewide locally. (See continuation sheet for additional comments.)

Judith B McDonough 5-20-92
Signature of certifying official/Title Judith B McDonough Date Executive Director
Massachusetts Historical Commission, State Historic Preservation Officer
State of Federal agency and bureau

In my opinion, the property meets does not meet the National Register criteria. (See continuation sheet for additional comments.)

Signature of certifying official/Title Date

State or Federal agency and bureau

4. National Park Service Certification

I hereby certify that the property is:

Signature of the Keeper

Date of Action

- entered in the National Register.
 See continuation sheet.
- determined eligible for the National Register
 See continuation sheet.
- determined not eligible for the National Register.
- removed from the National Register.
- other, (explain:)

Name of Property

County and State

5. Classification

Ownership of Property

(Check as many boxes as apply.)

- private
- public-local
- public-State
- public-Federal

Category of Property

(Check only one box)

- building(s)
- district
- site
- structure
- object

Number of Resources within Property

(Do not include previously listed resources in the county)

Contributing	Noncontributing	
4	0	buildings
		sites
2		structures
		objects
6	0	total

Name of related multiple property listing

(Enter "N/A" if property is not part of a multiple property listing.)

N/A

Number of contributing resources previously listed in the National Register

0

6. Function or Use

Historic Functions

(Enter categories from instructions)

DOMESTIC: single family

Current Functions

(Enter categories from instructions)

DOMESTIC: single family

7. Description

Architectural Classification

(Enter categories from instructions)

COLONIAL: Postmedieval

Georgian

Materials

(Enter categories from instructions)

foundation STONE: Granite

walls WOOD: Shingles

roof WOOD: Shingles

other

Narrative Description

(Describe the historic and current condition of the property on one or more continuation sheets.)

Name of Property

County and State

8. Statement of Significance

Applicable National Register Criteria

(Mark "X" in one or more boxes for the criteria qualifying the property for National Register listing.)

- X A Property is associated with events that have made a significant contribution to the broad patterns of our history.
B Property is associated with the lives of persons significant in our past.
X C Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
D Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations

(Mark "x" in all the boxes that apply.)

Property is:

- A owned by a religious institution or used for religious purposes.
B removed from its original location.
C a birthplace or grave.
D a cemetery.
E a reconstructed building, object, or structure.
F a commemorative property.
G less than 50 years of age or achieved significance within the past 50 years.

Areas of Significance

(Enter categories from instructions)

ARCHITECTURE
COMMUNITY PLANNING AND DEVELOPMENT

Period of Significance

CA. 1710-1911

Significant Dates

1710-1715

1730-1750

1825

Significant Person

(Complete if Criterion B is marked above)

N/A

Cultural Affiliation

N/A

Architect/Builder

unknown

Narrative Statement of Significance

(Explain the significance of the property on one or more continuation sheets.)

9. Major Bibliographical References

Bibliography

(Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets.)

Previous documentation on file (NPS):

- preliminary determination of individual listing (36 CFR 67) has been requested
previously listed in the National Register
previously determined eligible by the National Register
designated a National Historic Landmark
recorded by Historic American Buildings Survey #
recorded by Historic American Engineering Record #

Primary location of additional data:

- X State Historic Preservation Office
Other State agency
Federal agency
Local government
University
X Other

Name of repository:

Massachusetts Historical Commission

Mrs. Eleanor Tripp, Owner

Cadman-White-Handy House

Bristol County, MA

4.

Name of Property

County and State

10. Geographical Data

Acres of Property approximately 2 acres

UTM References

(Place additional UTM references on a continuation sheet.)

1	19	326860	4604100
	Zone	Easting	Northing
2			

3			
	Zone	Easting	Northing
4			

See continuation sheet

Verbal Boundary Description

(Describe the boundaries of the property on a continuation sheet.)

Boundary Justification

(Explain why the boundaries were selected on a continuation sheet.)

11. Form Prepared By

Richard Wertz, Westport Historical Commission, with Gretchen Schuler, NR Edit.
name/title Consultant and Betsy Friedberg NR Director MHC

organization Massachusetts Historical Commission date May 1992

street & number 80 Boylston Street telephone (617) 727-8470

city or town Massachusetts state MA zip code 02116

Additional Documentation

Submit the following items with the completed form:

Continuation Sheets

Maps

A USGS map (7.5 or 15 minute series) indicating the property's location.

A Sketch map for historic districts and properties having large acreage or numerous resources.

Photographs

Representative black and white photographs of the property.

Additional items

(Check with the SHPO or FPO for any additional items)

Property Owner

(Complete this item at the request of SHPO or FPO.)

name Mrs. Eleanor Tripp

street & number 202 Hixbridge Road telephone

city or town Westport state MA zip code 02791

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C. 470 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18.1 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, P.O. Box 37127, Washington, DC 20013-7127; and the Office of Management and Budget, Paperwork Reductions Projects (1024-0018), Washington, DC 20503.