

United States Department of the Interior
National Park Service

263

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 National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form*. If any 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.

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APR 01 2016

Nat. Register of Historic Places
National Park Service

1. Name of Property

Historic name: Roanoke City Health Center
Other names/site number: VDHR# 128-0049-1666
Name of related multiple property listing: N/A
(Enter "N/A" if property is not part of a multiple property listing)

2. Location

Street & number: 515 8th Street SW
City or town: Roanoke State: VA County: Independent City
Not For Publication: N/A Vicinity: N/A

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 at the following level(s) of significance:

national statewide local

Applicable National Register Criteria:

A B C D

<u>Stephanie B. Williams</u>		<u>3.22.16</u>
Signature of certifying official/Title:		Date
<u>Virginia Department of Historic Resources</u>		
State or Federal agency/bureau or Tribal Government		
In my opinion, the property ___ meets ___ does not meet the National Register criteria.		
Signature of commenting official:		Date
Title :		State or Federal agency/bureau or Tribal Government

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4. National Park Service Certification

I hereby certify that this property is:

- entered in the National Register
 determined eligible for the National Register
 determined not eligible for the National Register
 removed from the National Register

other (explain:)

Patricia Anderson

Signature of the Keeper

5/12/2016

Date of Action

5. Classification

Ownership of Property

Private:

Public – Local

Public – State

Public – Federal

Category of Property

Building(s)

District

Site

Structure

Object

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Number of Resources within Property

Contributing	Noncontributing	
<u>1</u>	<u>1</u>	buildings
<u>0</u>	<u>0</u>	sites
<u>0</u>	<u>0</u>	structures
<u>0</u>	<u>0</u>	objects
<u>1</u>	<u>1</u>	Total

Number of contributing resources previously listed in the National Register 0

6. Function or Use

Historic Functions

HEALTH CARE: Clinic

Current Functions

VACANT/NOT IN USE

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7. Description

Architectural Classification

MODERN MOVEMENT: International Style

Materials CONCRETE; BRICK; SYNTHETICS: Rubber

Narrative Description

(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity.)

Summary Paragraph

Designed in 1951 in the International Style by the Roanoke firm Stone & Thompson, the Roanoke City Health Center is a simple and unadorned building that reflects the new approach to providing health care after World War II with its emphasis on functionality, efficiency, cleanliness and accessibility. The one-story, brick-veneer building has a flat roof, aluminum-sash windows in a ribbon pattern, glass block, and cantilevered, concrete canopies over the entrances. The U-shaped plan is organized by functional spaces—such as reception and waiting areas, examination rooms, immunization clinics, treatment rooms, dental clinics, and laboratories—arranged along double-loaded corridors. A large auditorium at the southeast corner provides the required assembly space for educational outreach and training. Situated on a sloped site, a separate entrance on the basement level at the northeast corner provided segregated access to the facility for African Americans (when the clinic was constructed Virginia law required racial segregation in public facilities such as the health center). Interior finishes, including tiled wainscot, terrazzo and asbestos-tile flooring, and plaster or painted cinder-block walls also reflect the emphasis on function and hygiene. Although minor alterations have taken place over the years of continued use as a healthcare facility, the interior plan and finishes remain largely intact. The 1.73-acre lot, located in the residential neighborhood of the Southwest Historic District, includes a non-contributing storage building, a portable shed, and a large, asphalt-paved parking lot to the south of the healthcare center.

Narrative Description

The Roanoke City Health Center stands on 1.73 acres at the intersection of 8th Street and Campbell Avenue in the southwest quadrant of Roanoke, Virginia. The building is situated at the center of the lot, surrounded by lawn on three sides. A paved parking lot is located south of the building, near the main entrance. Concrete walks connect the building entrances to the parking area and public sidewalks. A small portable shed is located immediately to the rear (west) of the building's north wing. A small storage building, which does not contribute to the significance of the property, is located a short distance south of the health center's south wing. A stone wall and a chain link fence

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border the western lot line. There is a substantial change in grade between the south and north ends of the lot. The surrounding properties are residential and institutional in nature. The Health Center is located within the primarily residential Southwest Historic District (128-0049; NR 1985), for which the designated period of significance ends in 1939.

Designed by the Roanoke firm Stone & Thompson in 1951, the Roanoke City Health Center consists of a single-story U-shaped building. The building features characteristics of the International Style with simple geometric forms, minimal ornamentation, and horizontal massing and fenestration. Due to a change in the parcel's grade, the south end of the building stands on a concrete slab while the north end extends over a walk-out basement. In the southeast corner, the auditorium juts above the roofline, disrupting the building's otherwise monolithic form. Cinder block and brick-faced curtain walls clad the exterior walls. The building's flat roof and structural system of reinforced concrete piers add to its austere exterior. A brick chimney for the incinerator projects from the north end of the roof. Greenstone and terracotta coping covered the roof until 1995, when metal coping was added to cover the greenstone and replace some of the terracotta. The aluminum sash windows feature stone sills and one-over-one lights. Ribbon windows on the north and east elevations face Campbell Avenue and Eighth Street. Stone panels interrupt the rhythm of the ribbon windows in locations where structural piers exist. Glass block windows line the auditorium and the stairwell between the main floor and the basement.

There are six entrances to the building; each is covered by a concrete canopy. The main entrance is accessible from Eighth Street and opens into the main lobby. Its double-leaf door is contained within an aluminum and glass entrance vestibule. A similar canopied entrance on the south elevation, which has been enclosed with a non-historic storefront enclosure to create a vestibule, provides access from the parking area. Also on the south elevation is a single-leaf metal door that leads to the immunization room. On the north elevation, a double-leaf metal door opens to the basement level at the base of the interior stairs. Two double-leaf metal doors are located on the west elevation. One provides access to the laboratory corridor and the other to the clinic waiting room. The simple lines and stark exterior emphasize the building's horizontal quality and reflect the influence of the International Style.

The interior plan reflects a movement towards functionalism for medical facilities in the mid-twentieth century. The main level features a small entrance lobby and double-loaded corridors. The lobby leads directly to an auditorium, which originally contained a stage and served as an assembly space for educating the public and healthcare providers. Each corridor served a clear and separate purpose. Clinics and exam rooms line the southern corridor, while administrative offices occupy the eastern corridor. Laboratory spaces occupy the northern corridor. The basement, accessible from both the exterior and the main level via a staircase, originally housed facilities for African-American patients during Virginia's Jim Crow era of segregation. After legally required segregation was struck down during the Civil Rights Movement, the basement level housed overflow rooms and provided additional space for mechanical equipment, storage, and the incinerator.

The austere exterior appearance of the building is continued on the interior, with cinder block partition walls covered with plaster. The clinic corridor retains its original glazed ceramic tile wainscoting, which was considered very hygienic and thought to enhance the cleanliness of the building. The ceilings are a mix of acoustical tile and suspended plaster. Terrazzo floors cover most of the public areas, including the entrance vestibule, lobby, stairs, clinic corridors, and waiting areas. The auditorium and less public spaces of the main level originally contained asbestos tile flooring, although carpet now covers some of the floors in the clinics and offices. The basement flooring

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remains a mix of asbestos tile and concrete. Only the restrooms and janitor closets contain ceramic tile. The single-leaf interior doors separating the corridors are contained within aluminum and glass enclosures. Along the corridors, the doors to separate rooms are flush wood with metal frames. The building retains its marble window sills.

The original floor plan remains largely intact, although some of the spaces were converted to serve differing functions in the early 1990s. When the auditorium was converted into a waiting room in 1991, non-historic partition walls were added around the perimeter of the space and on the stage; these have since been removed. The original records room and nurses' station were also converted into the pharmacy and separated by Formica and tempered glass partition walls. Except for these changes, the clinics, offices, and laboratories retain their initial configuration along the corridors. Many of the original interior finishes also remain intact, except for a few limited alterations. The asbestos tile floors in the clinics and offices have been covered with carpet. Moreover, the auditorium's conversion resulted in an acoustical tile ceiling being dropped below the glass block windows and carpet being laid to cover the tile floors.

After the building was purchased for private redevelopment in 2013, the non-historic materials were removed from the auditorium, revealing the original exposed brick walls and restoring a sense of volume to the space. Asbestos abatement for environmental remediation purposes required the removal of most of the building's window sash, asbestos tile, and some pipes above the ceiling. These changes do not diminish the significance of the building as an illustration of modernity, minimalism and efficiency that began to characterize medical facilities in the mid-twentieth century. The Roanoke City Health Center continues to retain integrity of location, setting, design, materials, workmanship, feeling, and association.

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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.)

- 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.
- 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.)

- 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 old or achieving significance within the past 50 years

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Areas of Significance

(Enter categories from instructions.)

ARCHITECTURE

HEALTH/MEDICINE

Period of Significance

1951-1965

Significant Dates

1951

Significant Person

N/A

Cultural Affiliation

N/A

Architect/Builder

Stone & Thompson (Architects)

JF Barbour & Sons (Contractor)

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Statement of Significance Summary Paragraph (Provide a summary paragraph that includes level of significance, applicable criteria, justification for the period of significance, and any applicable criteria considerations.)

Built in 1951, the Roanoke City Health Center represents a new building type that developed in response to a nationwide shift in the approach to public healthcare after World War II. With federal government funding from the Hill-Burton Act, public health centers were constructed to provide adequate and accessible healthcare to the public, particularly in underserved rural areas. These new public health centers contained assembly areas, immunization and dental clinics, examination rooms, laboratories and treatment rooms that corresponded to the new public healthcare approach, with its emphasis on education, diagnostic and preventative intervention, and progressive treatment. The functional and unadorned design of the Roanoke City Health Center also reflects the impact of government-prescribed design standards and the dominance of the International style in the design of clean and efficient new medical facilities in the mid-twentieth century. Likewise, its original design is representative of Virginia's Jim Crow era of segregation that required separate accommodations for whites and African Americans; although later integrated, the building's high level of integrity and relatively few alterations allow it to remain illustrative of design practices during the Jim Crow era. The Roanoke City Health Center is eligible for listing on the National Register under Criteria A and C with significance on the local level in the areas of Health/Medicine and Architecture for the period 1951 to 1965, encompassing its construction through the fifty-year mark for properties where significant activities continued into the more recent past.

Narrative Statement of Significance (Provide at least **one** paragraph for each area of significance)

Criteria Justification

Criterion A: Health/Medicine

The Roanoke City Health Center is significant under Criterion A in the area of Health/Medicine as a government-funded public health center that represents a new approach to public healthcare in the post-World War II era. The building is one of the earliest public health centers to be built in Virginia using funds appropriated under the federal Hill-Burton Act, and the first and largest in Southwest Virginia. The program was intended to encourage the construction of adequate and accessible medical facilities in underserved municipalities, especially in rural areas. Furthermore, its design and early use adhered to Virginia's Jim Crow era segregation of patients by race, making the property an illustrative and enlightening example of the mid-twentieth century clash that occurred between modernity and Virginia's long-established legal tradition requiring rigid separation between whites and African Americans. The Roanoke Health Center's provision of care to both races lasted just a short time, as the Burrell Memorial Hospital (NRHP 2003; DHR #128-5863) was completed in 1955 exclusively to serve African American patients in southwest Virginia. The Civil Rights Act of 1964 finally abolished racial segregation in all forms of public accommodations.

Criterion C: Architecture

The Roanoke City Health Center is also significant under Criterion C in the area of Architecture as an example of a new, institutional building type funded and prescribed by the federal government in the mid-twentieth century. Designed in the International Style, the building is an expression of progress

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and efficiency. Its modern appearance, characterized by clean lines and lack of ornamentation, communicated a forward-thinking attitude in healthcare, but this occurred in direct contrast with a design that also specifically maintained separation of white and African American patients. Both approaches to healthcare, one rooted in the latest scientific thinking and the other in unjust legal tradition, are clearly evident in the building's original plan, with its organization of functional spaces, the use of modern materials, and the provision of separate facilities for whites and for African Americans.

Historical Background

The Hill-Burton Act to Provide Modern Healthcare Facilities

The national approach to healthcare shifted in the mid-twentieth century from simply controlling contagious and infectious diseases to preventative care through public education and increased access to healthcare facilities. The issue of obsolete healthcare facilities was widespread as few medical facilities had been constructed in the United States in the 1930s and 1940s due to the Great Depression and World War II. Although healthcare continued to advance, medical facilities were outdated and concentrated in urban areas. Many rural communities, especially in the South, had no medical facilities at all.¹ In response to this issue, Congress enacted the Hospital Survey and Construction Act in 1946 to improve the nation's healthcare system. Known colloquially as the Hill-Burton Act, it provided federal matching funds to the states to encourage the construction of new medical facilities in underserved areas. Hill-Burton intended to create a network of "overlapping rings across the nation" that would ensure widespread availability of healthcare.² Facilities funded under the original program included hospitals, public health centers, nursing schools, and public health laboratories. The Act poured billions of dollars into new medical facilities and equipment before ending in 1975.³

Under the Hill-Burton Act, plans and specifications had to be prepared in accordance with general design and construction standards and submitted to the Surgeon General for approval.⁴ Through prescribed standards, the Hill-Burton Act aimed to establish a minimum quality for facilities across the United States and subsequently spurred the development of the modern healthcare system.⁵ The legislation dictated that public health centers be located in areas convenient to community activities so as to ensure that they were accessible to all. The Roanoke Health Center's placement within a primarily residential area of Roanoke is emblematic of this requirement. The law also prescribed the types and quantities of rooms to be included in the building plan, as well as guidance for interior finishes. In addition to offices, clinics, laboratories and storage areas, an assembly space was required to provide for educational programs.

All new public health centers were also required to accommodate all races but the federal law did not require all races to be treated within the same spaces, thus allowing designs in which white patients were treated in one area and any person considered "nonwhite" to be treated in a separate area of the health center. Additionally, if a "separate-but-equal" facility already existed elsewhere in a community, the public health center built with federal funds could serve just one race. These

¹ Hollingsworth & Hollingsworth, 49.

² Verderber & Fine, 285.

³ Altman

⁴ *Code of Federal Regulations*

⁵ Verderber & Fine, 23.

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exceptions allowed states, such as Virginia, to preserve Jim Crow era segregation practices while still accessing federal funds.

Public Health Centers in Virginia

To qualify for Hill-Burton funds, states had to empower some agency, typically the state department of health, to oversee and approve construction proposals. In Virginia, the General Assembly created the Division of Hospital Survey and Construction within the State Department of Health in 1946. The Division was charged with creating an inventory of all existing medical facilities in Virginia. The data was compiled in a report entitled *Survey of Hospital Facilities in Virginia*. The report also established priorities for building new medical facilities, including health centers, based on immediate need. Prior to the Hill-Burton Act, local health departments, where they existed, were either the responsibility of the local government or in private hands. Local health departments were not typically housed in their own facilities, but rather in available spaces such as a city hall (Roanoke City), an unused jail cell (Amherst County), or the basement of the courthouse (Nelson County). The ability of these local health departments to provide adequate services was severely limited by these conditions.

Believing that every Virginian was entitled to the services of a local health department, the State Department of Health used Hill-Burton funds to establish a statewide network of public health centers, in either new or remodeled buildings, in every local health district across the Commonwealth. At that time, not all Virginians had access to basic public health services, including immunizations, control of communicable diseases, and pre-natal care.⁶ By 1952, the first nine public health centers funded by the Hill-Burton Act in Virginia had been completed, including the Roanoke City Health Center. Of these first nine health centers funded, Roanoke received the largest appropriation of Hill-Burton funds and had the first modern health center to be constructed in Southwest Virginia. As a large facility, the Roanoke City Health Center served as a regional hub with expanded services.

Table 1. Public Health Centers Completed 1949 - 1952		
Projects Completed 1949 - 1950	Location	Total Cost
Amherst County PHC	Amherst	\$110,000.00
Projects Completed 1950 - 1952	Location	Total Cost
Nelson County PHC	Lovingston	\$72,580.00
Greensville County PHC	Emporia	\$40,576.63
Northampton County PHC	Nassawadox	\$68,880.00
City of Roanoke PHC	Roanoke	\$387,719.72
Dinwiddie County PHC	Dinwiddie	\$103,000.00
City of Richmond PHC	Richmond	\$70,880.00
Rockingham County PHC	Harrisonburg	\$225,000.00
Cumberland County PHC	Cumberland	\$21,869.24

Source: Adapted from VA Department of Health Biennial Reports

Modern public health centers allowed local health departments to offer additional health services in a more efficient manner, while also providing improved working conditions for staff. The Biennial Report of 1950-1952 claimed the modern public health centers had resulted in an increase in both the quality and quantity of healthcare activities in the various localities. The improved facilities also led to more efficient operation of local health departments and clinic attendance. Worker morale was said to

⁶ Lake.

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be lifted by more desirable working conditions, resulting in an improved quality of healthcare provided.⁷

By 1958, the State Department of Health had achieved its goal of establishing a public health center in every local health district.⁸ The Biennial Report from that year declared that “The Hill-Burton Act made it possible for local health departments to render services in a more efficient and economical manner and offer many types of health services that were before unavailable.”⁹ This statement sums up the importance of the modern public health center, which allowed for improved and expanded medical services in a functional and efficient space.

Of the nine health centers funded in Virginia between 1949 and 1952, four localities received funds over \$100,000, with Roanoke City receiving the largest appropriation of \$387,771, followed by Rockingham County with \$225,000. Based on a review of historic survey records, as well as telephone interviews with current health departments, it appears that the facilities in Amherst County, Dinwiddie County, and Roanoke City were similar in size and offered similar services, including an auditorium for educational purposes. While the public health center in Rockingham County received significant funding, it did not include an auditorium space in its design. Alternatively, the Northampton Health Center, which was smaller in size and appropriation (\$68,000), did include an auditorium. The health centers constructed in Nelson County, Greensville County, and the City of Richmond were also smaller in size and did not include auditoriums. The only health center of the nine that did not use the funds for a new building was the Cumberland County Health Center, which instead renovated a former jail building. Of these nine facilities, two have been demolished (Nelson County and Greensville County) and two have been extensively altered (Amherst County and Rockingham County). The integrity of the interior plan and finishes of the centers in Dinwiddie, Northampton and Richmond are unknown. The Roanoke City Health Center, which had the largest construction budget and served as a regional hub for Southwest Virginia, still stands with its exterior relatively unaltered and original plan, auditorium, and finishes intact.

Construction of the Roanoke City Health Center

When the Roanoke City Health Department was established by municipal ordinance in 1910, its aim was to improve public sanitation and prevent the spread of infectious diseases.¹⁰ The original department, which consisted only of the local health officer and three others, was housed in City Hall. Over the next several decades, the population of Roanoke flourished. By 1940, the city boasted over 69,000 residents, making it the third largest city in Virginia and a regional center. The health department grew along with the city and expanded its staff when it assumed control of the venereal disease clinic from Roanoke Hospital in 1932.¹¹

By 1948, the health department staff had increased to 29. Overcrowded conditions in City Hall generated a strong demand for better headquarters. The department argued its case for a new facility in its annual review for that year: “Great emphasis has properly been placed on the quality of training of public health personnel, but little attention has been given to the physical surroundings necessary for them to do a good job. Poorly ordered and poorly equipped surroundings are ill adapted for education

⁷ Biennial, 1952.

⁸ Virginia’s Health 1956-58, 7.

⁹ Virginia’s Health 1956-58, 20.

¹⁰ *Public Health Reports*, 500-502.

¹¹ *Ibid.*

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in either personnel or civic hygiene.”¹² The growth of the health department was due in part to the changing role of public health services after World War II. Wartime programs had contributed to the development of new or improved vaccines for a number of diseases.¹³ The health department needed additional space to administer vaccines to a growing population, as well as to serve other new public health functions.

In response to the need for additional space, the Roanoke City Health Department applied for Hill-Burton funds and work plans for a new public health center were approved in 1948. The public health center was financed by the US Government (\$189,356.85), the Commonwealth of Virginia (\$23,186.55), and the City of Roanoke (\$188,358.15). The City of Roanoke purchased the land for the building from the Junius B. Fishburn family in 1949 for \$20,500. Fishburn was a prominent banker and publisher, owning The Roanoke Times and World News. He was known for his philanthropic practices, including donating Mill Mountain to the city in 1941. The local firm Stone & Thompson was selected as the architect. The firm would later assist with the design of Burrell Memorial Hospital (NRHP 2003), the first medical institution in Southwest Virginia built to serve African Americans. The architects and the commissioner of health toured four new health centers in Virginia before drafting the plans. The best features were incorporated into the design of the Health Center.¹⁴ Plans were reviewed by the Surgeon General to ensure that it was designed to meet approved public health practices and procedures as outlined in the Hill-Burton Act.

In November 1951, the Roanoke City Health Department moved into the new public health center. The facility boasted the most modern scientific equipment available. It offered clinics for dental work, communicable diseases, and immunizations. The immunization clinic was to be instrumental in administering vaccines for smallpox, diphtheria, tetanus, typhoid, typhus, and polio. Soon after the Salk polio vaccine was approved in 1955, Roanoke City elementary school students were bussed to the new health center to be inoculated. A WSLN news report claimed that while other Virginia cities had also received the vaccine, Roanoke had been the first to administer them.¹⁵ Roanoke also helped to supply the vaccine to the broader region, serving as the distribution center for Southwest Virginia.¹⁶

With additional funding from the Virginia Bureau of Crippled Children, Roanoke provided special diagnostic and treatment services to children with polio throughout the region. Also designated as a “chest center,” the Roanoke City Health Center specialized in treating tuberculosis, attracting patients from all communities in Southwest Virginia. In addition to offices, clinics, laboratories and storage areas, an auditorium with a capacity of 250, complete with a stage and a demonstration kitchen, was included in the design to fulfill the prescribed federal standards. The auditorium served an important educational function and was open for use to other public healthcare agencies in the region. To accommodate all races, the original plans for the Health Center had included separate facilities for African Americans but, in 1955, the Burrell Memorial Hospital opened to serve African Americans. Basement level spaces that had been designated for African American patients subsequently were adapted for other uses, such as overflow rooms and storage.

For the remainder of the twentieth century, the Roanoke City Health Center was crucial to the growing role of the city’s health department, whose function was no longer limited to controlling the spread of

¹² Ibid.

¹³ Hoyt, 38.

¹⁴ *City of Roanoke Department of Public Health Annual Review*, 1951

¹⁵ WSLN-TV News Film Collection

¹⁶ Ibid.

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contagious and infectious diseases. The focus had shifted to preventative care and health education, including immunizations and prenatal care, especially for those residents who could not afford to pay for private medical services. The Roanoke City Health Center was essential to the provision of these expanded public health services in Southwest Virginia until its closure in 2009.

Architecture of the Modern Public Health Center

The Modern Movement in architecture, fixated on the expression of technological advancement, had a significant influence on the design of the Roanoke City Health Center. Introduced by European architects after World War I, Modernism strove for clean, scientific, and efficient design.¹⁷ This new architectural style was used primarily for public buildings that served as centerpieces for modern life after World War II, such as offices, schools, shopping malls, libraries, and hospitals.¹⁸ The International Style came to full fruition in the 1950s and asserted dominance over the next forty years of healthcare architecture.¹⁹

After World War II, the medical establishment embraced the International Style as the acceptable aesthetic for new, progressive healthcare facilities. Characterized by clean lines and absence of ornament, the style expressed efficiency, sterility, and functionality. Proponents of the International Style rejected the elaborate ornamentation and solid masonry construction that once communicated the dependability of medical institutions. As Hill-Burton funding fueled construction, the International Style prevailed as the style of choice for new hospitals and health centers. As a result, a modern design came to be associated with a superior quality of care.

The Roanoke City Health Center represents a new building type designed to meet specific requirements of the Hill-Burton Act as it endeavored to provide adequate and accessible healthcare to the public through education, progressive treatment and preventative intervention. Designed in the International style, the unadorned, streamlined facility reflects a new national approach to healthcare that focused on efficiency, cleanliness, and accessibility. At the same time, its original configuration allowed continuation of the legal separation of races in states, such as Virginia, during the Jim Crow era. The building's exterior design — with its simple form, numerous canopied entrances, and banks of ribbon windows — along with the interior plan that included a large public auditorium, demonstration kitchen, reception desk, clinics, examining rooms, laboratories, and segregated spaces for African Americans — represent the goals of the Hill-Burton Act to provide improved healthcare through new public health centers in the streamlined vocabulary of the International style that became the preferred style for healthcare facilities in the second half of the twentieth century.

¹⁷ Gowans, 282.

¹⁸ Verderber & Fine, 18.

¹⁹ Verderber & Fine, 22.

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Virginia State Health Department. *Survey of Hospital Facilities in Virginia*. Richmond, VA:
Division of Publishing and Printing, 1947.

Wells, John E, and Robert E Dalton. *The Virginia Architects, 1835-1955: a Biographical
Dictionary*. Richmond: New South Architectural Press, 1997.

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 # _____
- recorded by Historic American Landscape Survey # _____

Primary location of additional data:

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

Name of repository: Virginia Department of Historic Resources, Richmond, VA

Historic Resources Survey Number (if assigned): DHR File No. 128-0049-1666

10. Geographical Data

Acreeage of Property: 1.73 acres (approx.)

Use either the UTM system or latitude/longitude coordinates

Latitude/Longitude Coordinates

Datum if other than WGS84: _____

(enter coordinates to 6 decimal places)

1. Latitude: 37.270407

Longitude: -79.955678

Roanoke City Health Center
Name of Property

Roanoke, VA
County and State

Or
UTM References

Datum (indicated on USGS map):

NAD 1927 or NAD 1983

- | | | |
|----------|-----------|-----------|
| 1. Zone: | Easting: | Northing: |
| 2. Zone: | Easting: | Northing: |
| 3. Zone: | Easting: | Northing: |
| 4. Zone: | Easting : | Northing: |

Verbal Boundary Description (Describe the boundaries of the property.)

The true and correct historic boundary includes the entirety of tax parcel #1113111 as indicated on the attached tax parcel map entitled "Tax Parcel Map, Roanoke City Health Center."

Boundary Justification (Explain why the boundaries were selected.)

The boundary includes the 1.73-acre parcel that has been associated with the Roanoke City Health Center since its construction in 1951.

11. Form Prepared By

name/title: Alison S. Blanton & Katherine C. Gutshall
organization: Hill Studio, PC
street & number: 120 Campbell Avenue SW
city or town: Roanoke state: Virginia zip code: 24011
e-mail: ablanton@hillstudio.com
telephone: 540-342-5263
date: November 2015

Additional Documentation

Submit the following items with the completed form:

- **Maps:** A **USGS map** or equivalent (7.5 or 15 minute series) indicating the property's location.
- **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
- **Additional items:** (Check with the SHPO, TPO, or FPO for any additional items.)

Roanoke City Health Center
Name of Property

Roanoke, VA
County and State

Photographs

Photo Log

Name of Property: Roanoke City Health Center

City or Vicinity: Roanoke (City)

State: Virginia

Photographer: Katie Coffield Gutshall

Date Photographed:

Description of Photograph(s) and number, include description of view indicating direction of camera:

Photo 1 of 10:	Front (east) elevation, looking west from 8 th Street
Photo 2 of 10	Front entrance and auditorium, looking SW
Photo 3 of 10	North side elevation with basement entrance, looking SW from Campbell Avenue
Photo 4 of 10	South side elevation with entrance, looking NE
Photo 5 of 10	West (rear) elevation with portable shed at left, looking NE
Photo 6 of 10	Rear courtyard, looking SE
Photo 7 of 10	Clinic entrance, looking SW
Photo 8 of 10	Corridor, looking west
Photo 9 of 10	Auditorium (after non-historic partitions and dropped ceiling removed), looking south
Photo 10 of 10	Waiting room, looking SW

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.460 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 100 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 Office of Planning and Performance Management, U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.



LOCATION MAP

Roanoke City Health Center

City of Roanoke, VA

DHR No. 128-0049-1666

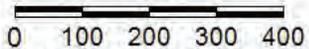
Latitude/Longitude Coordinates

Latitude: 37.270407

Longitude: -79.955678



Feet



1:4,514 / 1"=376 Feet

Title: Roanoke City Health Center

Date: 2/10/2016

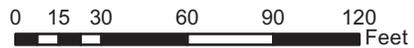
DISCLAIMER: Records of the Virginia Department of Historic Resources (DHR) have been gathered over many years from a variety of sources and the representation depicted is a cumulative view of field observations over time and may not reflect current ground conditions. The map is for general information purposes and is not intended for engineering, legal or other site-specific uses. Map may contain errors and is provided "as-is". More information is available in the DHR Archives located at DHR's Richmond office.

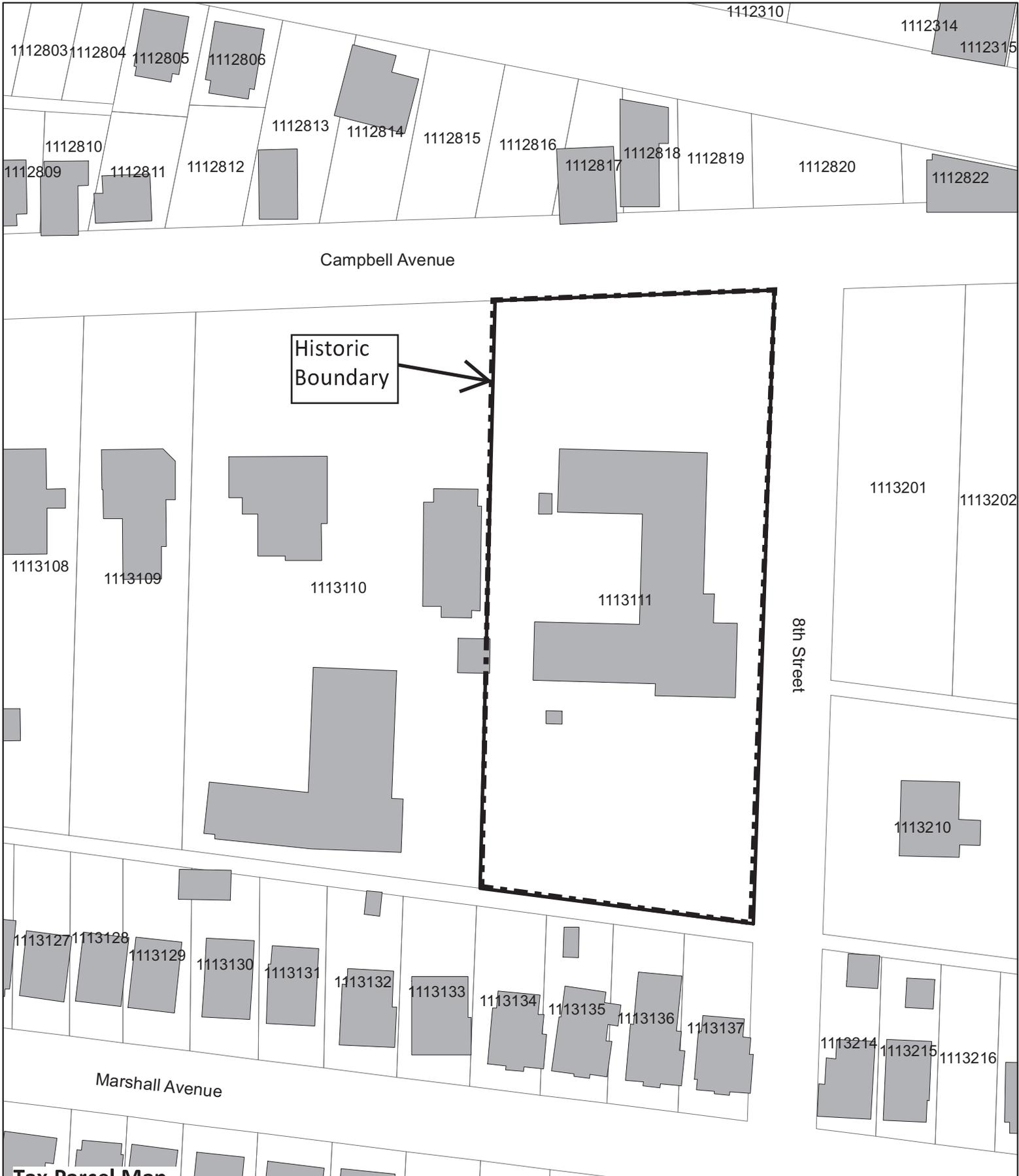
Notice if AE sites: Locations of archaeological sites may be sensitive the National Historic Preservation Act (NHPA), and the Archaeological Resources Protection Act (ARPA) and Code of Virginia §2.2-3705.7 (10). Release of precise locations may threaten archaeological sites and historic resources.



SKETCH MAP/ PHOTO KEY
Roanoke City Health Center
515 8th Street SW
DHR #128-0049-1666
Roanoke, Virginia

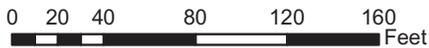
C = Contributing
NC = Noncontributing
1 Photo Location

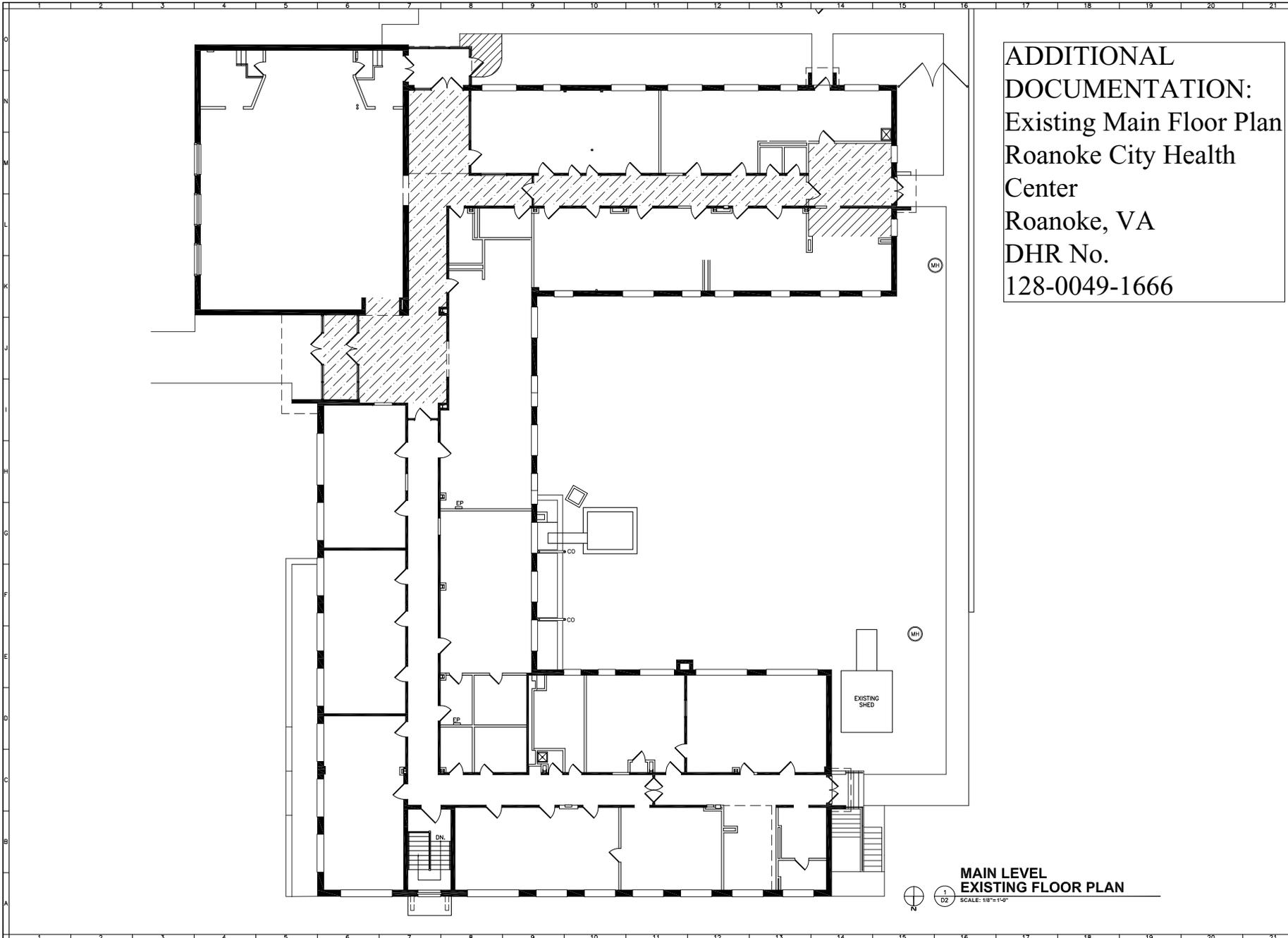




Tax Parcel Map

Roanoke City Health Center
515 8th Street SW
DHR # 128-0049-1666
Roanoke, Virginia
2015





**ADDITIONAL
DOCUMENTATION:
Existing Main Floor Plan
Roanoke City Health
Center
Roanoke, VA
DHR No.
128-0049-1666**

**MAIN LEVEL
EXISTING FLOOR PLAN**
SCALE: 1/8" = 1'-0"

BALZER
ARCHITECTS
REFLECTING TOMORROW
www.balzer.cc
Roanoke
New River Valley
Richmond
Staunton
Harrisonburg

REGISTERED PROFESSIONAL ARCHITECTS
REGISTERED PROFESSIONAL ENGINEERS
REGISTERED PROFESSIONAL LANDSCAPE ARCHITECTS
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REGISTERED PROFESSIONAL STRUCTURAL ENGINEERS
REGISTERED PROFESSIONAL MECHANICAL ENGINEERS
REGISTERED PROFESSIONAL ELECTRICAL ENGINEERS
REGISTERED PROFESSIONAL CIVIL ENGINEERS
REGISTERED PROFESSIONAL SURVEYORS

Balzer and Associates, Inc.
1206 Corporate Circle
Roanoke, VA 24018
540-772-9580
FAX 540-772-8050

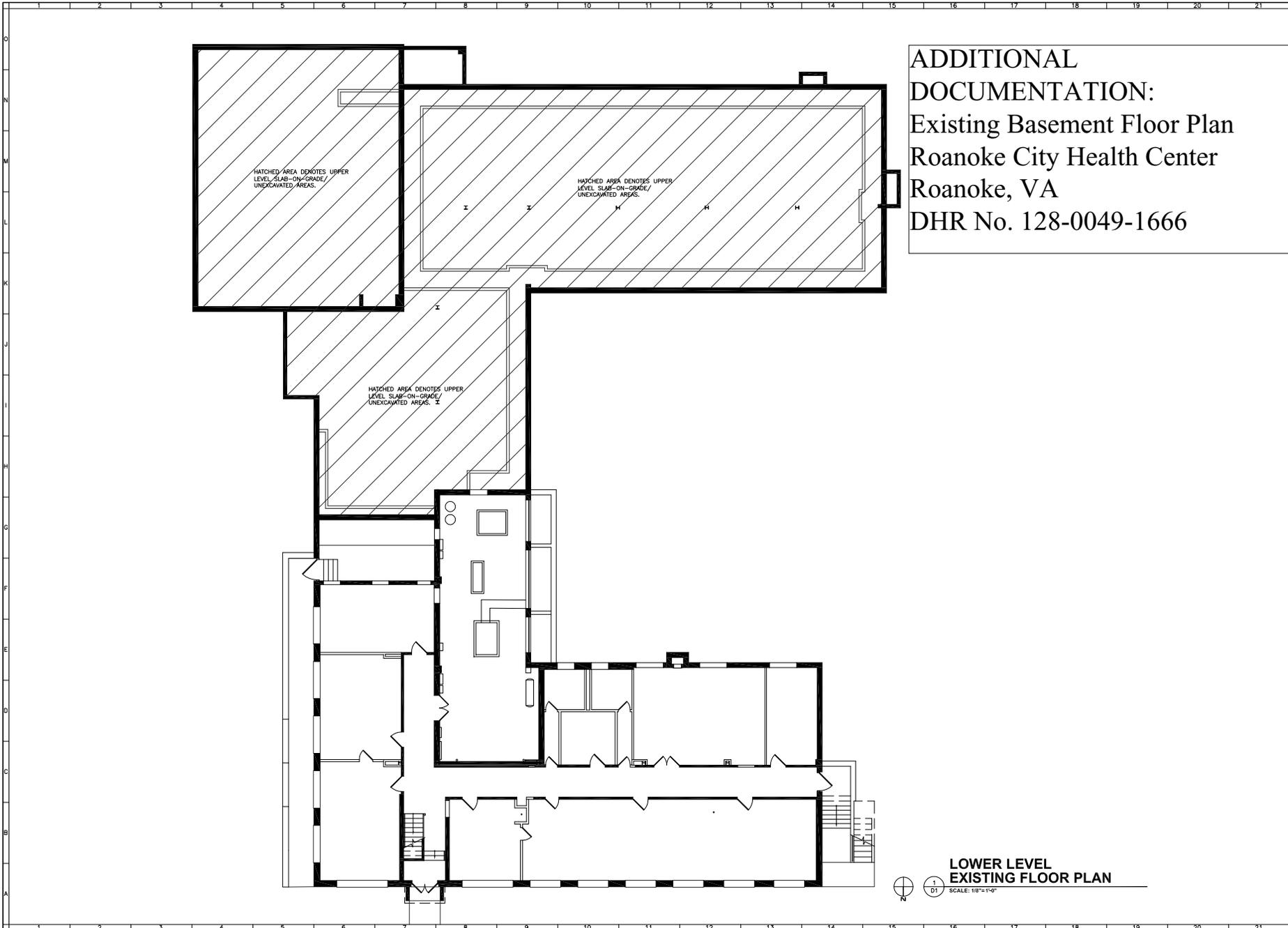
PRELIMINARY
NOT FOR CONSTRUCTION

**"515 8TH ST. LOFTS"
BUILDING RENOVATION
EXISTING MAIN LEVEL FLOOR PLAN**
515 8TH STREET, S.W.
ROANOKE, VIRGINIA 24016

DRAWN BY RWP/BSH
DESIGNED BY RWP
CHECKED BY —
DATE 12/01/2015
SCALE —
REVISIONS: —

**DHR SUBMITTAL
PACKAGE**

SHEET NO.
EX-2
JOB NO. 03150022.00



ADDITIONAL DOCUMENTATION:
Existing Basement Floor Plan
Roanoke City Health Center
Roanoke, VA
DHR No. 128-0049-1666



www.balzer.cc
 Roanoke
 New River Valley
 Richmond
 Staunton
 Harrisonburg

Balzer and Associates, Inc.
 1208 Corporate Circle
 Roanoke, VA 24018
 540-772-9580
 FAX 540-772-8050

PRELIMINARY
 NOT FOR CONSTRUCTION

"515 8TH ST. LOFTS"
 BUILDING RENOVATION
 EXISTING BASEMENT LEVEL FLOOR PLAN
 515 8TH STREET, S.W.
 ROANOKE, VIRGINIA 24018

DRAWN BY RWP/BSH
 DESIGNED BY RWP
 CHECKED BY —
 DATE 12/01/2019
 SCALE —
 REVISIONS: —

DHR SUBMITTAL PACKAGE

SHEET NO. **EX-1**
 JOB NO. 03150022.00

LOWER LEVEL EXISTING FLOOR PLAN
 SCALE: 1/8" = 1'-0"

ADDITIONAL DOCUMENTATION:

Original Plans

Roanoke City Health Center

Roanoke, VA

DHR No. 128-0049-1666

PROJECT NO. VA-17

HEALTH CENTER BUILDING

FOR

CITY OF ROANOKE VIRGINIA

STONE AND THOMPSON ARCHITECTS ROANOKE, VIRGINIA

AMERICAN GAS AND ELECTRIC SERVICE CORPORATION, NEW YORK CITY

DESIGNING ENGINEERS FOR HEATING AND VENTILATING SYSTEM

INDEX OF SHEETS

ARCHITECTURAL :-

SHEET NO.~	TITLE
1.	SITE SURVEY & PLOT PLAN.
2.	GROUND FLOOR & FOUNDATION PLAN.
3.	FIRST FLOOR PLAN - (NORTH PORTION).
4.	FIRST FLOOR PLAN - (SOUTH PORTION).
5.	ELEVATIONS
6.	WALL SECTIONS & WINDOW DETAILS.
7.	STAIRWAY #1 & ENTRANCES 2, 3, 5 & 7. DETAILS
8.	AUDITORIUM DETAILS.
9.	ENTRANCE NO.1 & LOBBY DETAILS, LETTERS
10.	INTERIOR ELEVATIONS & SECTION.
11.	DOOR SCHEDULE, DOOR FRAMES & DETAILS.

STRUCTURAL :-

S-1	FIRST FLOOR FRAMING PLAN.
S-2	ROOF FRAMING PLAN.

PLUMBING :-

P-1	GROUND FLOOR PLAN
P-2	FIRST FLOOR PLAN (NORTH PORTION).
P-3	FIRST FLOOR PLAN (SOUTH PORTION).

ELECTRICAL :-

E-1	GROUND FLOOR PLAN.
E-2	FIRST FLOOR PLAN (NORTH PORTION).
E-3	FIRST FLOOR PLAN (SOUTH PORTION).

HEATING & VENTILATING - (AMERICAN GAS & ELECTRIC SERVICE CORP DRWGS).

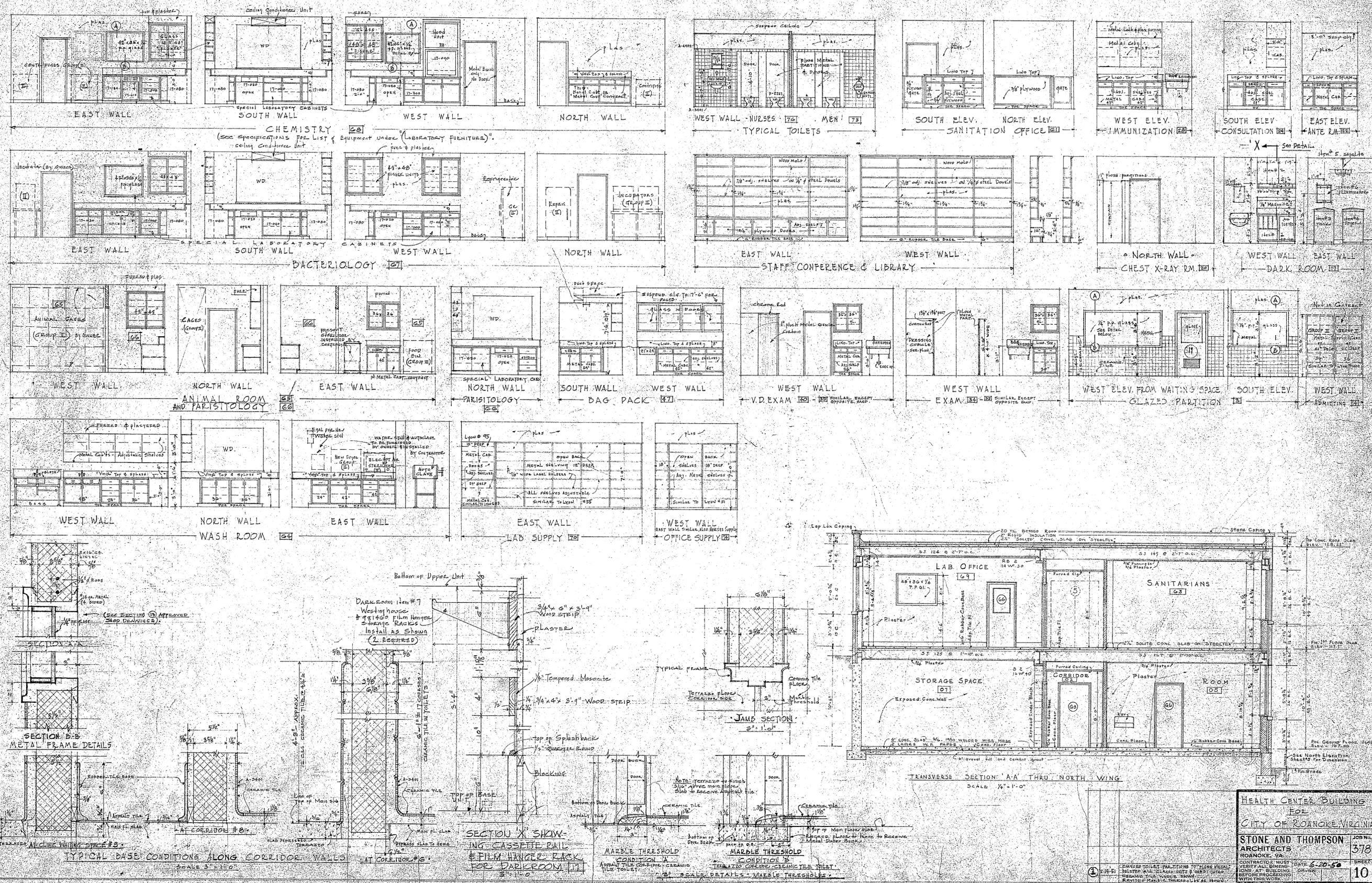
MSK-3150	BASEMENT & EQUIPMENT ROOM.
MSK-31050	FIRST FLOOR (SOUTH PORTION).
MSK-31150	FIRST FLOOR (NORTH PORTION).
MSK-31250	PIPING, FLOW & CONTROL DIAGRAM.

APPROVED & IDENTIFIED AS CONTRACT DRAWINGS

By: [Signature] DATE: [Date] FOR: CITY OF ROANOKE, VIRGINIA

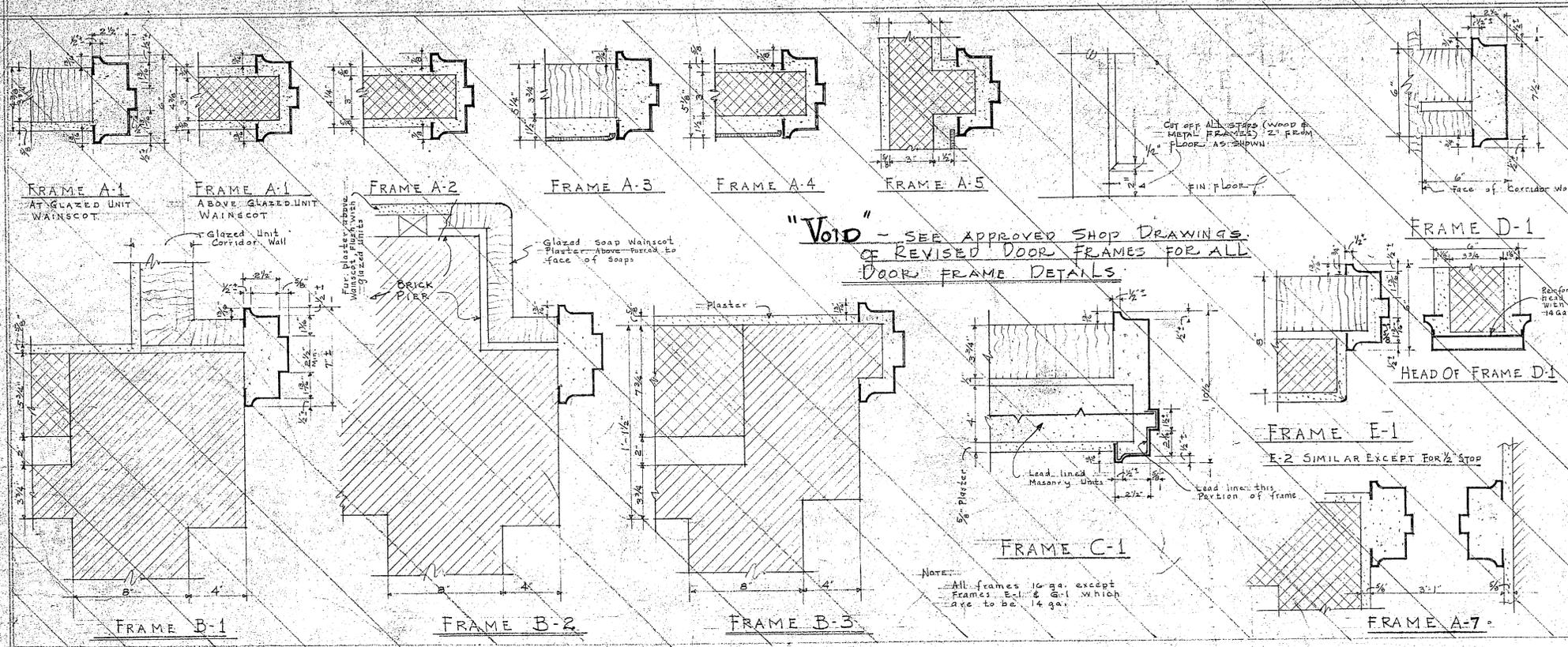
By: [Signature] DATE: [Date] FOR: STONE & THOMPSON-ARCHITECTS

By: [Signature] DATE: [Date] FOR: VIRGINIA STATE BOARD OF HEALTH

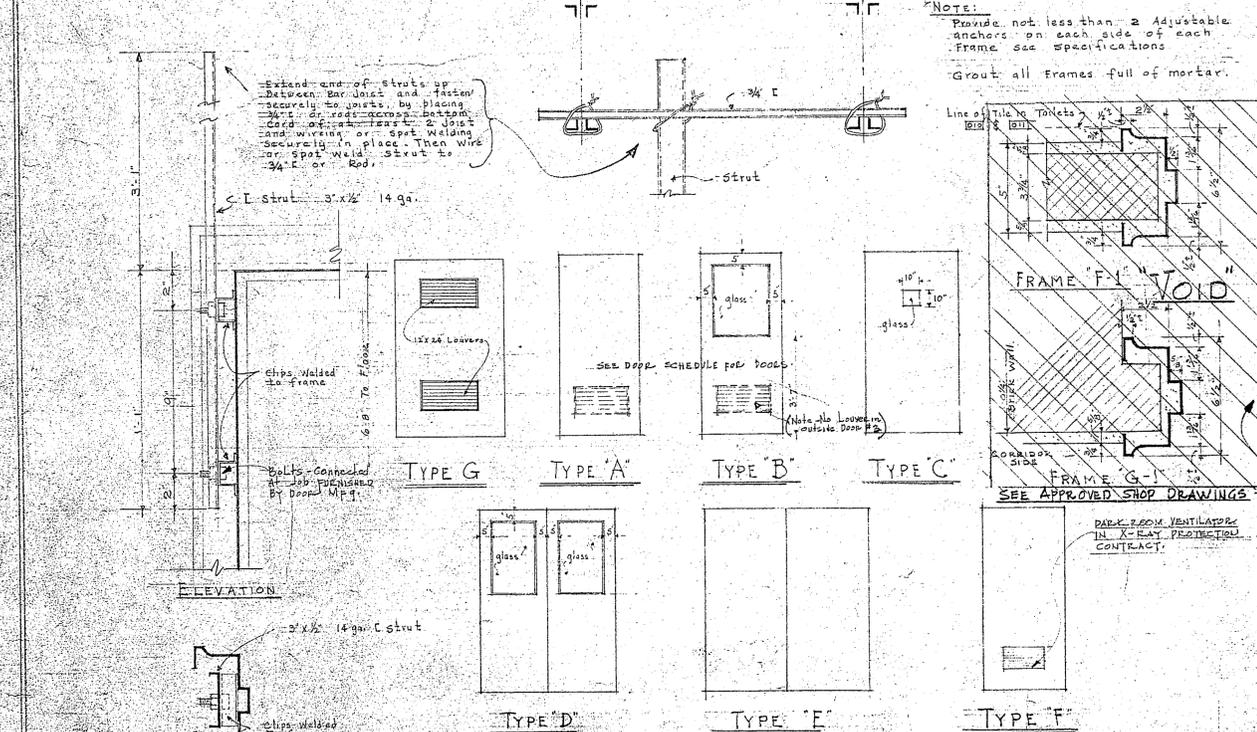


ADDITIONAL DOCUMENTATION:
 Original Plans
 Roanoke City Health Center
 Roanoke, VA
 DHR No. 128-0049-1666

HEALTH CENTER BUILDING	
FOR	
CITY OF ROANOKE, VIRGINIA	
STONE AND THOMPSON	JOB NO. 378
ARCHITECTS	ROANOKE, VA.
CONTRACTOR'S MUST DATE 6-20-50	
VERIFY ALL DIMENSIONS & SPACING BEFORE PROCEEDING WITH WORK	
DATE 6-20-50	SHEET 10



DOOR SCHEDULE							
MARK	SIZE	TYPE	MATERIAL	FRAME	GLASS	REMARKS	
(1)	6'-0" x 7'-0"	Pr	SPECIAL	ALUMINUM	ALUMINUM	PLATE GLASS	SEE DETAIL SHEET 9
(2)	6'-0" x 7'-0" x 1 1/4"	Pr	do	do	do	do	SEE DETAIL SHEET 7
(3)	3'-0" x 7'-0" x 1 1/4"	TYPE B	WOOD	A-2	None	VENT LOUVER	
(4)	3'-0" x 7'-0" x 1 1/4"	TYPE D	do	A-1	Obscure glass	VENT LOUVER	
(5)	3'-0" x 7'-0" x 1 1/4"	TYPE D	do	A-1	Obscure glass	VENT LOUVER	
(6)	4'-0" x 6'-0" x 1 1/4"	TYPE G	do	A-2	None	VENT LOUVER	SEE ELEV THIS SHEET
(7)	3'-0" x 7'-0" x 1 1/4"	TYPE D	do	A-1	Obscure glass	VENT LOUVER	
(8)	3'-0" x 7'-0" x 1 1/4"	TYPE D	do	A-1	Obscure glass	VENT LOUVER	
(9)	6'-0" x 7'-0" x 1 1/4"	TYPE D	do	A-1	Obscure glass	VENT LOUVER	
(10)	3'-0" x 7'-0" x 1 1/4"	TYPE D	do	A-1	Obscure glass	VENT LOUVER	
(11)	3'-0" x 6'-8" x 1 1/4"	TYPE B	do	A-1	Obscure glass	VENT LOUVER	
(12)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(13)	3'-0" x 6'-8" x 1 1/4"	TYPE A	do	A-1	Obscure glass	VENT LOUVER	
(14)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(15)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(16)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(17)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-1	Obscure glass	VENT LOUVER	
(18)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-1	Obscure glass	VENT LOUVER	
(19)	3'-0" x 6'-8" x 1 1/4"	TYPE A	WOOD	A-1	None	VENT LOUVER	
(20)	3'-0" x 6'-8" x 1 1/4"	TYPE B	do	A-1	Obscure glass	VENT LOUVER	
(21)	3'-0" x 6'-8" x 1 1/4"	TYPE B	do	A-1	Obscure glass	VENT LOUVER	
(22)	3'-0" x 6'-8" x 1 1/4"	TYPE B	do	A-2	None	VENT LOUVER	
(23)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(24)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(25)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(26)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(27)	3'-0" x 6'-8" x 1 1/4"	TYPE A	do	A-1	Obscure glass	VENT LOUVER	
(28)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-1	Obscure glass	VENT LOUVER	
(29)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(30)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-1	Obscure glass	VENT LOUVER	
(31)	3'-0" x 6'-8" x 1 1/4"	TYPE B	do	A-1	Obscure glass	VENT LOUVER	
(32)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(33)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(34)	3'-0" x 6'-8" x 1 1/4"	TYPE B	do	A-1	Obscure glass	VENT LOUVER	
(35)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(36)	3'-0" x 6'-8" x 1 1/4"	TYPE B	do	A-1	Obscure glass	VENT LOUVER	
(37)	2'-8" x 6'-8" x 1 1/4"	TYPE B	do	A-2	None	VENT LOUVER	
(38)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(39)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-1	Obscure glass	VENT LOUVER	
(40)	2'-8" x 6'-8" x 1 1/4"	TYPE B	do	A-2	None	VENT LOUVER	
(41)	2'-8" x 6'-8" x 1 1/4"	TYPE B	do	A-2	None	VENT LOUVER	
(42)	2'-8" x 6'-8" x 1 1/4"	TYPE B	do	A-1	Obscure glass	VENT LOUVER	
(43)	3'-0" x 6'-8" x 1 1/4"	TYPE D	do	A-1	Obscure glass	VENT LOUVER	
(44)	2'-8" x 6'-8" x 1 1/4"	TYPE B	do	A-1	Obscure glass	VENT LOUVER	
(45)	2'-4" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(46)	2'-4" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(47)	2'-4" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(48)	2'-4" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(49)	2'-8" x 6'-8" x 1 1/4"	TYPE B	do	A-4	Obscure glass	VENT LOUVER	(ROOM 30-A) VENT LOUVER
(50)	2'-8" x 6'-8" x 1 1/4"	TYPE B	do	A-7	Obscure glass	VENT LOUVER	
(51)	2'-8" x 6'-8" x 1 1/4"	TYPE B	do	A-2	None	VENT LOUVER	
(52)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(53)	3'-0" x 6'-8" x 1 1/4"	TYPE B	do	A-1	Obscure glass	VENT LOUVER	
(54)	3'-0" x 6'-8" x 1 1/4"	TYPE B	WOOD	A-1	Obscure glass	VENT LOUVER	
(55)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(56)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-4	None	VENT LOUVER	
(57)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-1	Obscure glass	VENT LOUVER	
(58)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(59)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-1	Obscure glass	VENT LOUVER	
(60)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(61)	3'-0" x 6'-8"	do	do	A-1	Obscure glass	VENT LOUVER	
(62)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(63)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(64)	5'-0" x 6'-8" x 1 1/4"	TYPE D	do	A-1	Obscure glass	VENT LOUVER	
(65)	3'-0" x 6'-8" x 1 1/4"	TYPE B	do	A-1	Obscure glass	VENT LOUVER	
(66)	2'-8" x 6'-8" x 1 1/4"	TYPE B	do	A-2	None	VENT LOUVER	
(67)	2'-8" x 6'-8" x 1 1/4"	TYPE B	do	A-1	Obscure glass	VENT LOUVER	
(68)	3'-0" x 6'-8" x 1 1/4"	TYPE B	do	A-1	Obscure glass	VENT LOUVER	
(69)	3'-0" x 6'-8" x 1 1/4"	TYPE B	do	A-1	Obscure glass	VENT LOUVER	
(70)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(71)	3'-0" x 6'-8" x 1 1/4"	TYPE B	do	A-1	Obscure glass	VENT LOUVER	
(72)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(73)	3'-0" x 6'-8" x 1 1/4"	TYPE C	WIRE GLASS	A-1	None	VENT LOUVER	
(74)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER	
(75)	3'-0" x 6'-8" x 1 1/4"	TYPE B	do	A-1	Obscure glass	VENT LOUVER	
(76)	3'-0" x 6'-8" x 1 1/4"	TYPE B	do	A-1	Obscure glass	VENT LOUVER	
(77)	3'-0" x 6'-8" x 1 1/4"	TYPE C	WIRE GLASS	A-1	None	VENT LOUVER	
(78)	3'-0" x 6'-8" x 1 1/4"	TYPE A	WOOD	A-2	None	VENT LOUVER	
(79)	3'-0" x 6'-8" x 1 1/4"	TYPE A	WOOD	A-2	None	VENT LOUVER	



MARK	SIZE	TYPE	MATERIAL	FRAME	GLASS	REMARKS
(80)	3'-0" x 6'-8" x 1 1/4"	TYPE B	WOOD	A-2	Obscure glass	VENT LOUVER
(81)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	VENT LOUVER
(82)	3'-0" x 6'-8" x 1 1/4"	TYPE B	do	A-1	Obscure glass	VENT LOUVER
(83)	3'-0" x 6'-8" x 1 1/4"	TYPE B	do	A-1	do	do
(84)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	do
(85)	3'-0" x 6'-8" x 1 1/4"	TYPE B	do	A-1	Obscure glass	VENT LOUVER
(86)	3'-0" x 6'-8" x 1 1/4"	TYPE B	do	A-1	do	VENT LOUVER
(87)	3'-0" x 6'-8" x 1 1/4"	TYPE B	do	A-1	do	do
(88)	3'-0" x 6'-8" x 1 1/4"	TYPE B	do	A-1	do	do
(89)	2'-8" x 7'-0" x 1 1/4"	TYPE A	do	SPECIAL WOOD FRAME	None	SEE DETAIL SHEET 9 - VENT LOUVER
(90)	3'-0" x 6'-8" x 1 1/4"	TYPE A	do	do	do	SEE DETAIL SHEET 9 - VENT LOUVER
(91)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	do	do	do
(92)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	do	do	do
(93)	3'-0" x 6'-8" x 1 1/4"	TYPE A	do	do	do	do
(94)	3'-0" x 6'-8" x 1 1/4"	TYPE A	do	do	do	do
(95)	3'-0" x 6'-8" x 1 1/4"	TYPE A	do	do	do	do
(96)	3'-0" x 6'-8" x 1 1/4"	TYPE A	do	do	do	do
(97)	3'-0" x 6'-8" x 1 1/4"	TYPE A	do	do	do	do
(98)	3'-0" x 6'-8" x 1 1/4"	TYPE A	do	do	do	do
(99)	2'-4" x 6'-8" x 1 1/4"	TYPE A	do	A-5	None	VENT LOUVER
(100)	2'-4" x 6'-8" x 1 1/4"	TYPE A	do	F-1	None	VENT LOUVER
(101)	2'-4" x 6'-8" x 1 1/4"	TYPE A	do	F-1	None	VENT LOUVER
(102)	2'-4" x 6'-8" x 1 1/4"	TYPE A	do	F-1	None	VENT LOUVER
(103)	2'-4" x 6'-8" x 1 1/4"	TYPE A	do	F-5	None	do
(104)	2'-4" x 6'-8" x 1 1/4"	TYPE A	do	F-1	None	do
(105)	2'-4" x 6'-8" x 1 1/4"	TYPE A	do	F-1	None	do
(106)	3'-0" x 6'-8" x 1 1/4"	TYPE C	WIRE GLASS	A-1	None	Label Door & Frame
(107)	3'-0" x 6'-8" x 1 1/4"	TYPE B	WOOD	F-1	Obscure glass	VENT LOUVER
(108)	3'-0" x 6'-8" x 1 1/4"	TYPE B	do	F-1	do	do
(109)	2'-8" x 6'-8" x 1 1/4"	TYPE A	do	A-2	None	do
(110)	3'-0" x 6'-8" x 1 1/4"	TYPE B	do	A-7	Obscure glass	VENT LOUVER

HEALTH CENTER BUILDING FOR CITY OF ROANOKE, VIRGINIA	
NO.	DATE
1	7/14/51

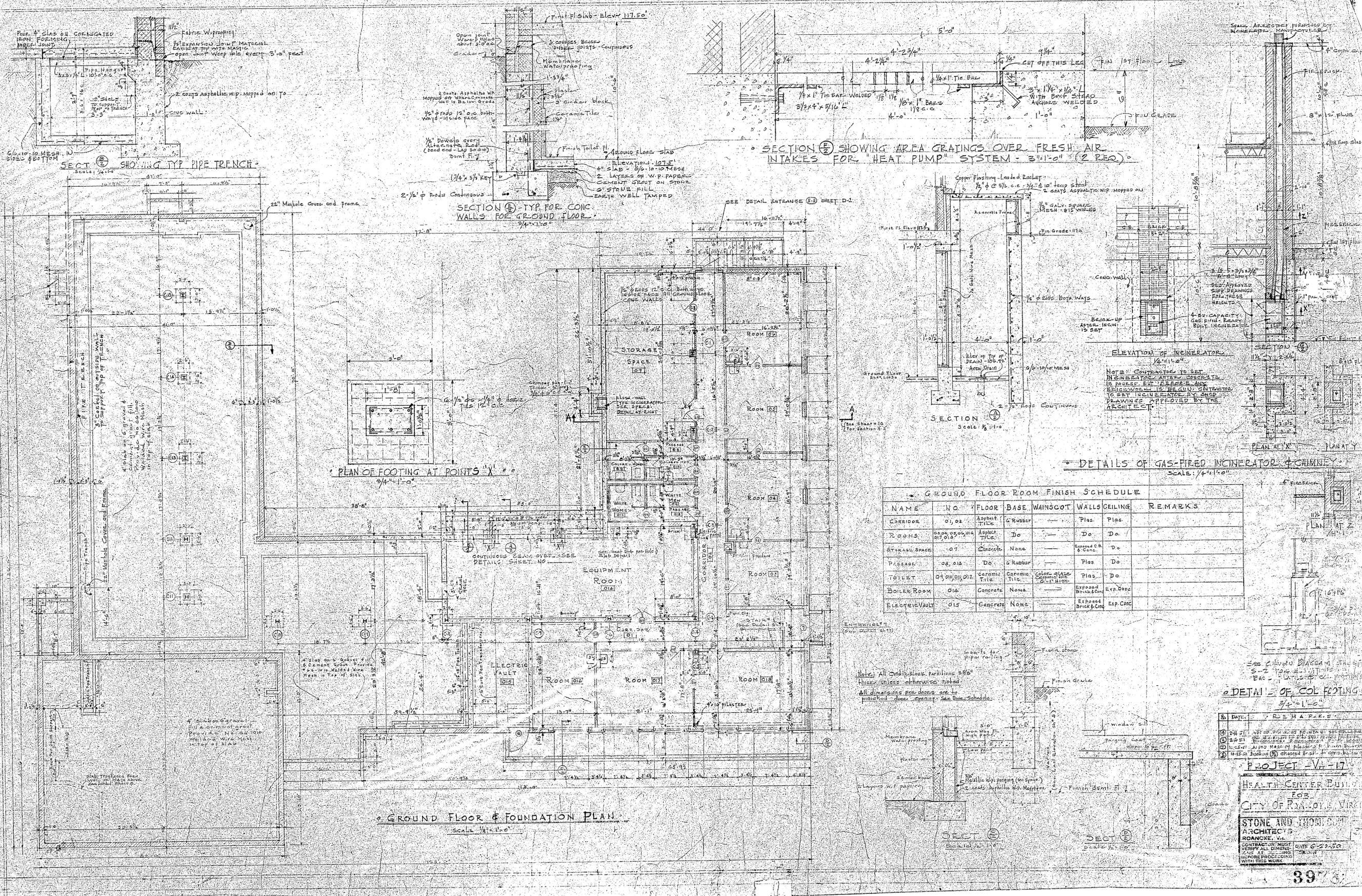
NOTE: OTHER DOOR LOUVERS REQUIRED ARE INCLUDED UNDER "MILLWORK" (SEE SPECIFICATIONS) FOR 194" FLUSH DOORS # 12 & 14. AIRALITE LIGHT PROOF TYPE LOUVERS # 619, 12" x 12" FOR ALL OTHER FLUSH DOORS AS SHOWN IN SCHEDULE. AIRALITE INVERTED V TYPE # 685 12" x 12" LIGHT PROOF LOUVERS IN DOORS # 15 & 20 ARE IN X-RAY PROTECTIVE CONTRACT.

SEE APPROVED SHOP DRAWINGS FOR THIS COLUMN. SEE APPROVED SHOP DRAWINGS FOR THIS COLUMN. CONTRACTOR MUST VERIFY ALL DIMENSIONS BEFORE PROCEEDING WITH THIS WORK.

ADDITIONAL DOCUMENTATION:
 Original Plans
 Roanoke City Health Center
 Roanoke, VA
 DHR No. 128-0049-1666

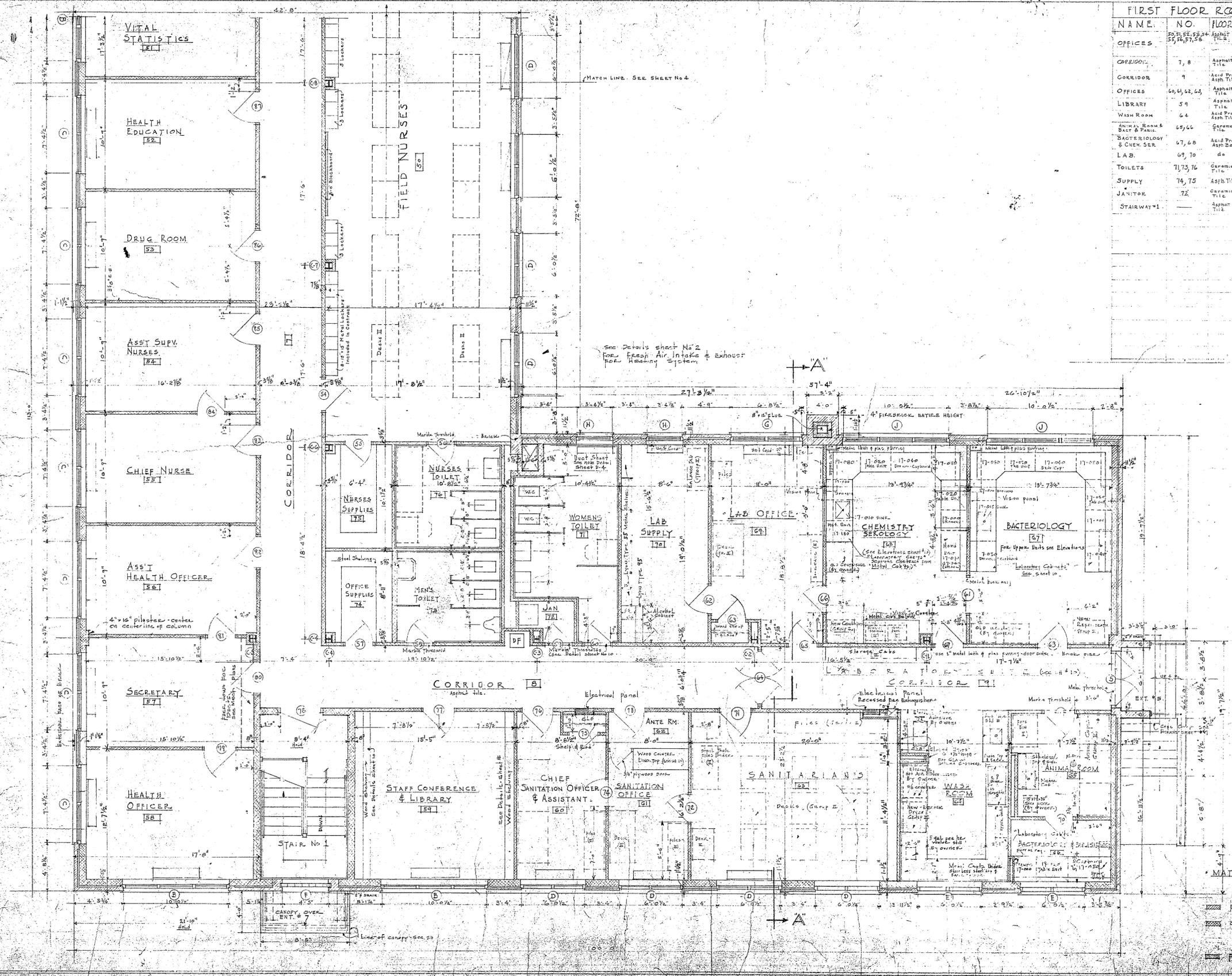
STONE AND THOMPSON ARCHITECTS
 ROANOKE, VA
 CONTRACTOR MUST VERIFY ALL DIMENSIONS BEFORE PROCEEDING WITH THIS WORK.
 DATE 6-20-50
 SHEET 11

3976



ADDITIONAL DOCUMENTATION:
 Original Plans
 Roanoke City Health Center
 Roanoke, VA
 DHR No. 128-0049-1666

FIRST FLOOR ROOM FINISH SCHEDULE - (NORTH PORTION)						
NAME	NO.	FLOOR	BASE	WAINSCOT	WALLS	CEILING
OFFICES	50, 51, 52, 53, 54, 55, 56, 57, 58	Asphalt Tile	Asphalt Tile	None	Plaster	Plaster
CORRIDOR	7, 8	Asphalt Tile	None	None	Plaster	Acoustical Tile. 15' 0" Suspended Yarnite Tiles. Fin. Height 18' 0"
LIBRARY	59, 61, 62, 63	Asphalt Tile	Rubber	None	Plaster	Plaster
WASH ROOM	64	Acid Proof Asphalt Tile	Ceramic Tile	None	do	do
ANIMAL ROOM & BACT. & CHEM. SER.	65, 66	Ceramic Tile	Ceramic Tile	None	do	do
LAB.	67, 68	Acid Proof Asphalt Base	Asphalt	None	do	do
LAB.	69, 70	do	do	do	do	do
TOILETS	71, 72, 73	Ceramic Tile	Ceramic Tile	Glass or 1/2" 2000 Mesh. 4 1/2" High	Cement	Suspended Plaster
SUPPLY	74, 75	Asphalt Tile	Rubber	None	Plaster	Suspended Plaster
JANITOR	76	Ceramic Tile	Ceramic Tile	Glass White 4 1/2" High	do	do
STAIRWAY #1		Asphalt Tile	Rubber	None	do	do



NOTES: All Cinder Block Partitions are 8 1/2" thick unless otherwise noted.
 Door Location Dimensions are to finished Door opening. See Door Schedule Sheet No. 11.
 NOTE: EQUIPMENT SHOWN DOTTED AND INDICATED THIS IS GROUP II EQUIPMENT & IS NOT IN THIS CONTRACT.

FIRST FLOOR PLAN (NORTH PORTION)
 1/4" = 1'-0"

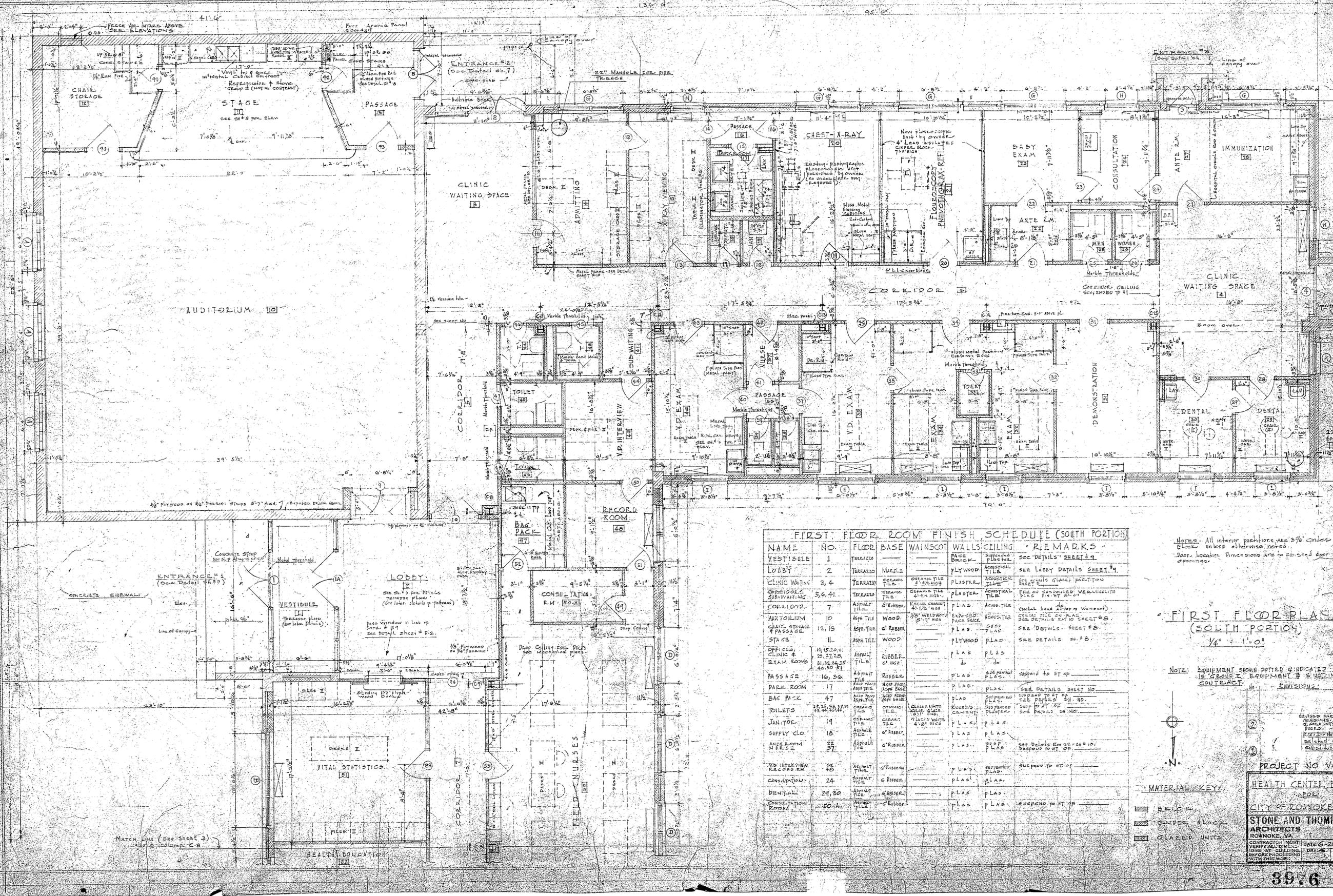
NO.	DATE	REVISIONS
1	2-14-51	REVISED PRACTICE DIMENSIONS OMITTED GLASS UNITS. (SEE DOOR LOCATION DIMENSIONS)
2	10-25-50	ADDED ALLEYWAY & PIPERAIL TO UNIT #2
3	10-25-50	ADDED 4 1/2" PLASTER

MATERIAL KEY:
 BRICK
 CINDER BLOCK
 FIREBRICK

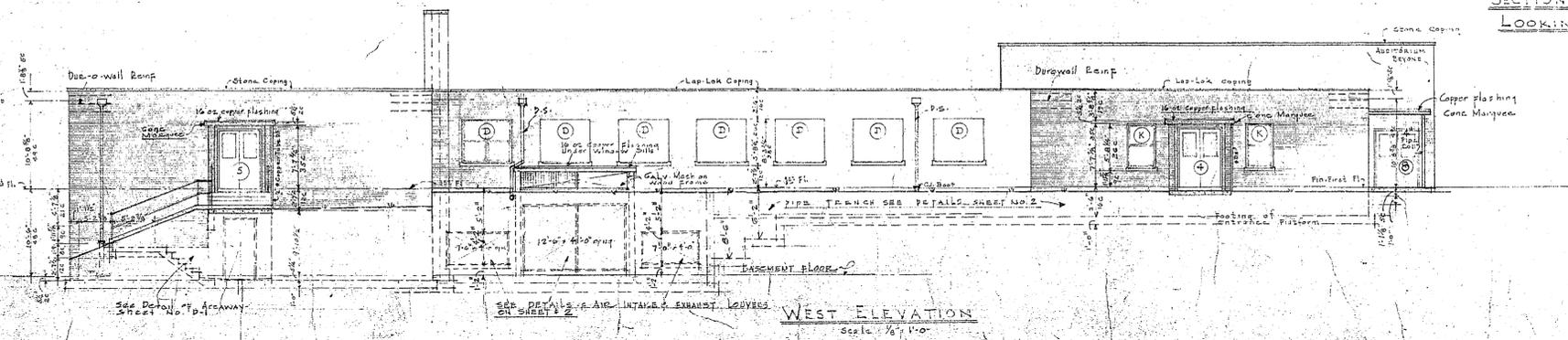
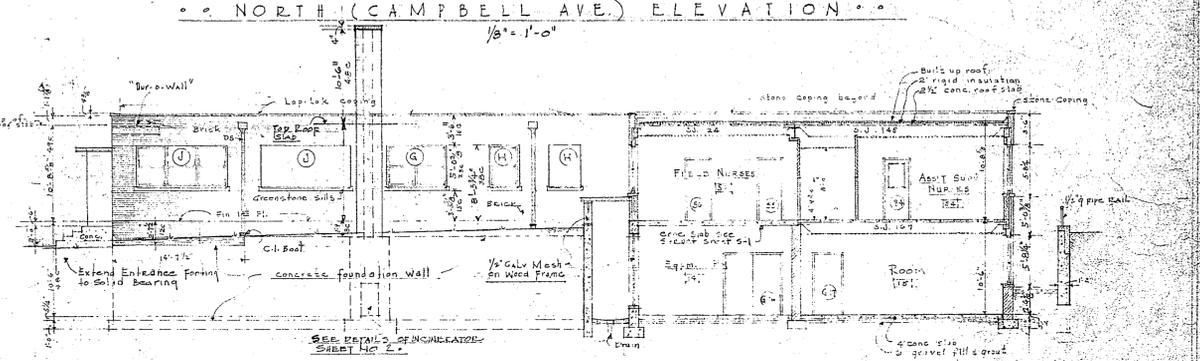
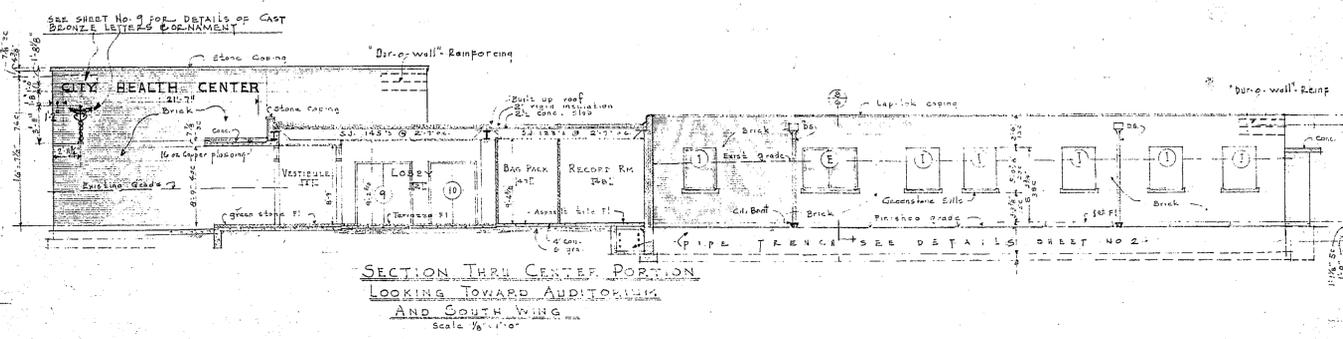
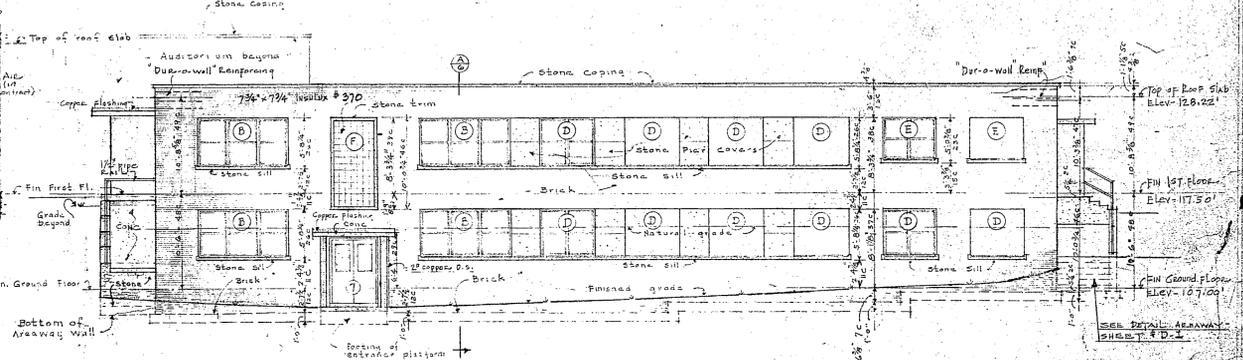
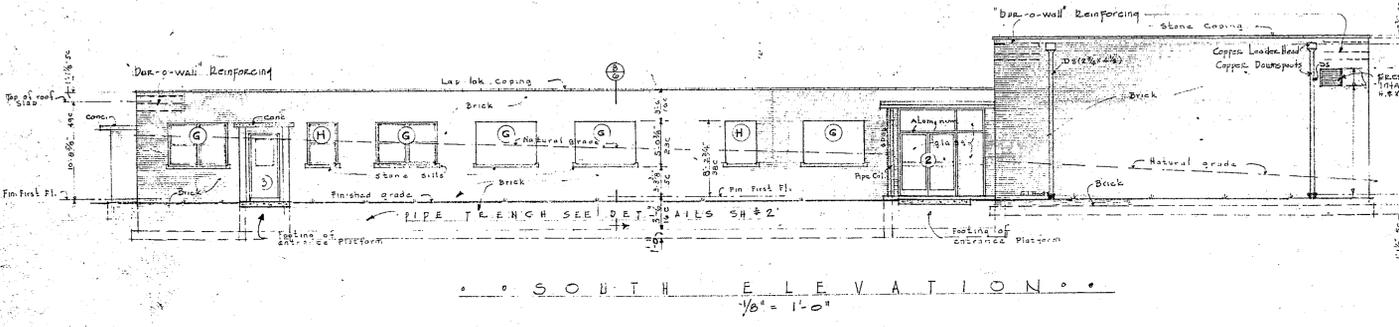
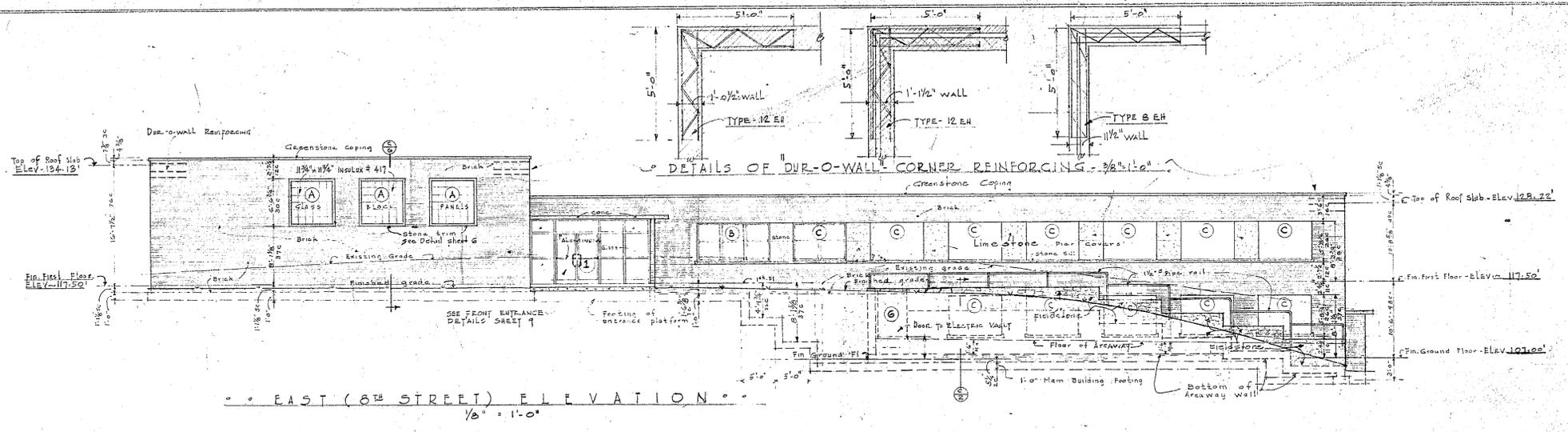
PROJECT VA-17
HEALTH CENTER BUILDING FOR CITY OF ROANOKE, VIRGINIA
STONE AND THOMPSON ARCHITECTS
 ROANOKE, VA.
 CONTRACT DATE: 6-20-50
 SHEET NO. 3

3976

ADDITIONAL DOCUMENTATION:
 Original Plans
 Roanoke City Health Center
 Roanoke, VA
 DHR No. 128-0049-1666



ADDITIONAL DOCUMENTATION:
 Original Plans
 Roanoke City Health Center
 Roanoke, VA
 DHR No. 128-0049-1666



PROJECT VA-17

HEALTH CENTER BUILDING		JOB NO.
FOR		378
CITY OF ROANOKE, VIRGINIA		
STONE AND THOMPSON		DATE
ARCHITECTS		6-20-50
ROANOKE, VA.		SHEET
CONTRACTOR MUST VERIFY ALL DIMENSIONS AT BUILDING BEFORE PROCEEDING WITH THIS WORK		5

ADDITIONAL DOCUMENTATION:
 Original Plans
 Roanoke City Health Center
 Roanoke, VA
 DHR No. 128-0049-1666

397610

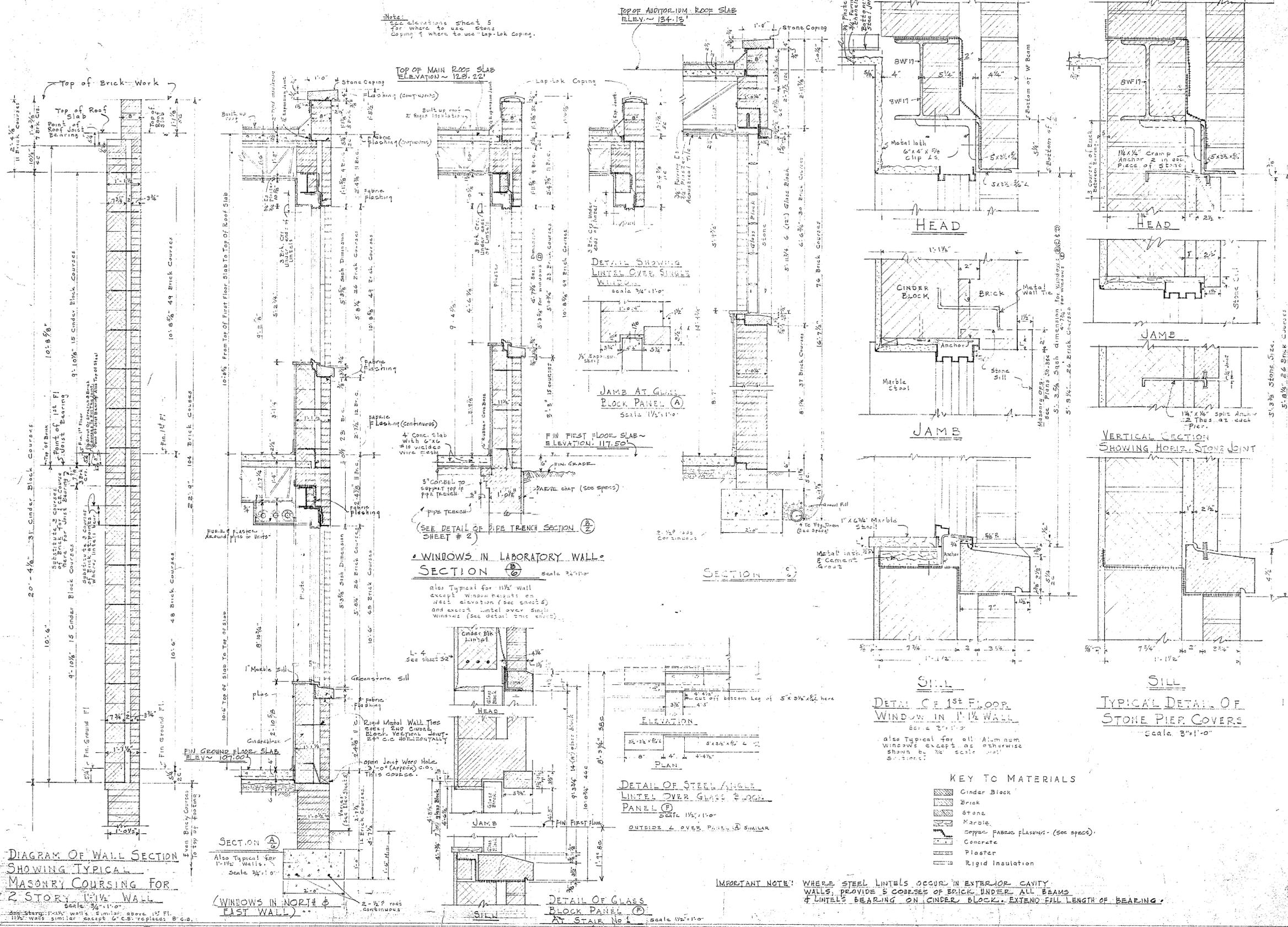


DIAGRAM OF WALL SECTION SHOWING TYPICAL MASONRY COURSING FOR 2 STORY 1-1/2" WALL

WINDOWS IN NORTH & EAST WALL

DETAIL OF STEEL ANGLE LINTEL OVER GLASS FLOOR PANEL

DETAIL OF GLASS BLOCK PANEL AT STAIR No 1

DETAIL OF 1st FLOOR WINDOW IN 1-1/2" WALL

TYPICAL DETAIL OF STONE PIER COVERS

PROJECT VA-17

HEALTH-CENTER BUILDING FOR CITY OF ROANOKE, VIRGINIA

STONE AND THOMPSON ARCHITECTS ROANOKE, VA

CONTRACTOR MUST VERIFY ALL DIMENSIONS AT BUILDING BEFORE PROCEEDING WITH THE WORK.

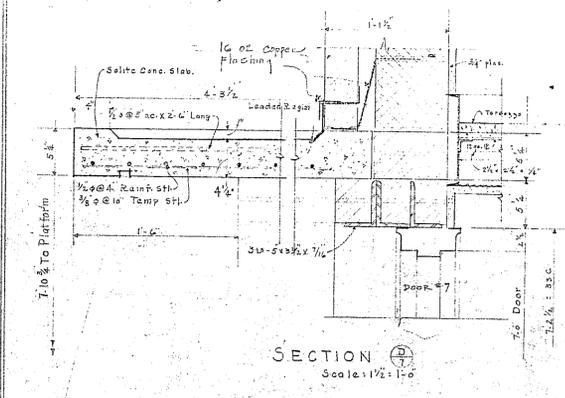
DATE 6-20-58

DRAWN

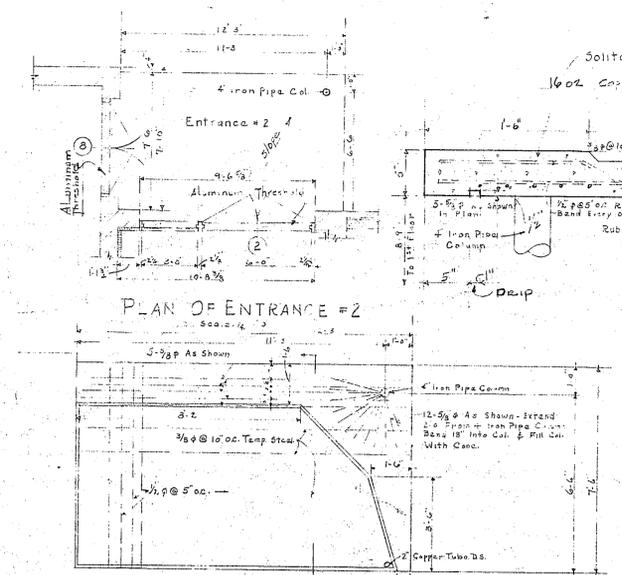
378

SHEET 6

ADDITIONAL DOCUMENTATION:
 Original Plans
 Roanoke City Health Center
 Roanoke, VA
 DHR No. 128-0049-1666



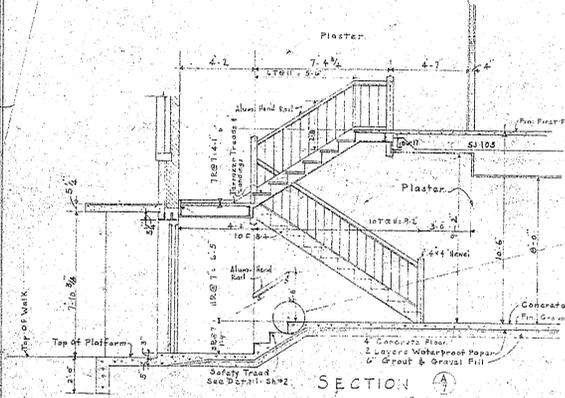
SECTION 1
Scale: 1/2" = 1'-0"



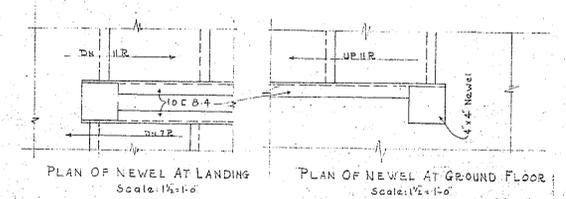
PLAN OF ENTRANCE #2
Scale: 1/2" = 1'-0"



PLAN OF CANOPY: ENTRANCE #2 - SHOWING REINFORCEMENT
Scale: 3/8" = 1'-0"

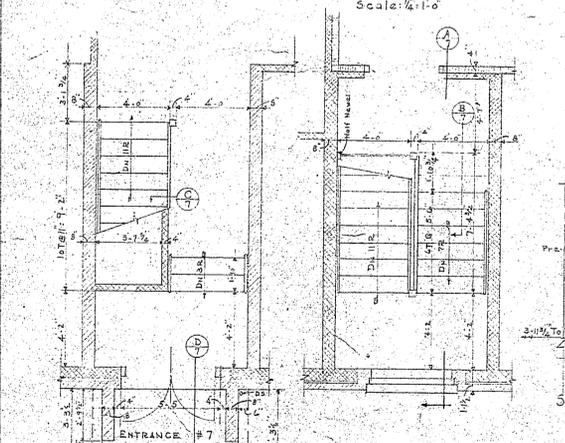


SECTION 2
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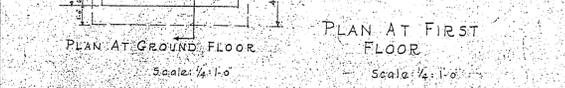


PLAN OF NEWEL AT LANDING
Scale: 1/2" = 1'-0"

PLAN OF NEWEL AT GROUND FLOOR
Scale: 1/2" = 1'-0"



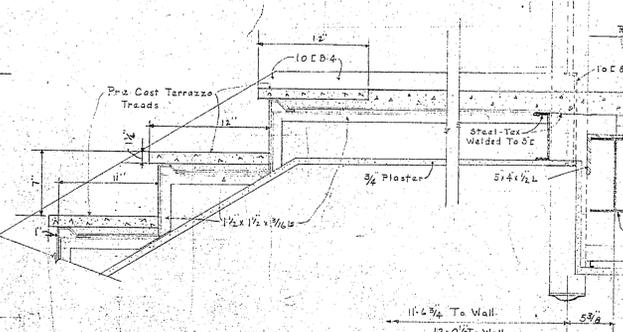
SECTION 3
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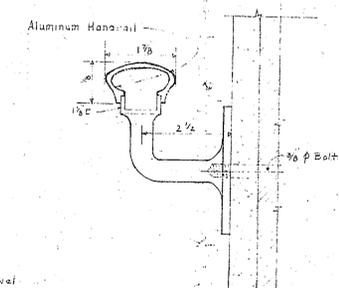
PLAN AT GROUND FLOOR
Scale: 1/2" = 1'-0"

PLAN AT FIRST FLOOR
Scale: 1/2" = 1'-0"

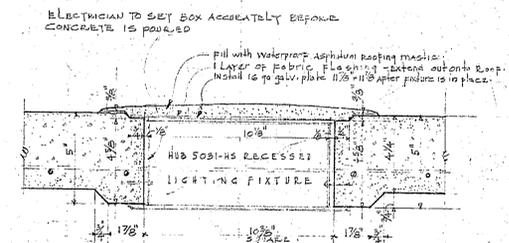
DETAIL # STAIRWAY #1



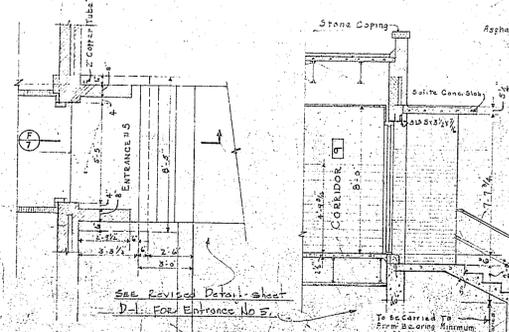
SECTION 4
Scale: 1/2" = 1'-0"



DETAIL OF HANDRAIL & WALL BRACKET
Scale: 1/2" = 1'-0"

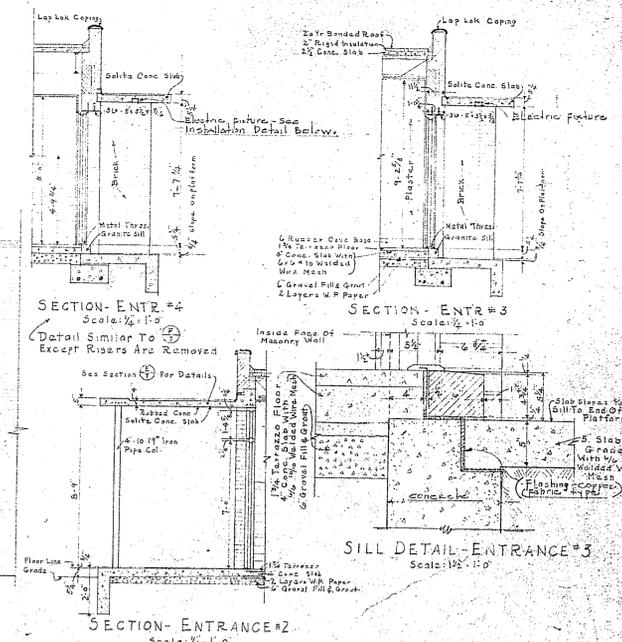


TYPICAL INSTALLATION DETAIL OF "HUB"
RECESSED LIGHTING FIXTURE FOR CANOPIES AT ENTRANCES NOS. 1, 2, 3, 4, 5 & 7
Scale: 3/8" = 1'-0"



SECTION 5
Scale: 1/2" = 1'-0"

DETAILS - ENTRANCE #5



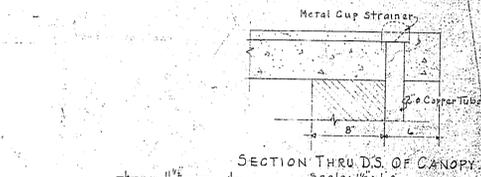
SECTION-ENTR #2
Scale: 1/2" = 1'-0"

SECTION-ENTR #3
Scale: 1/2" = 1'-0"

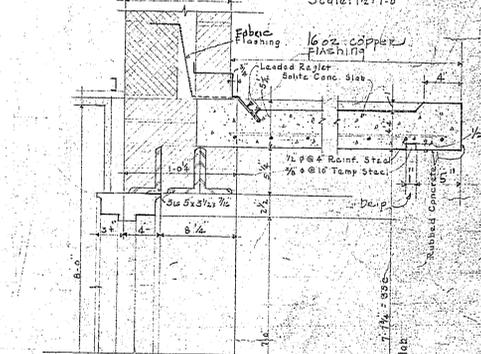
SILL DETAIL-ENTRANCE #3
Scale: 1/2" = 1'-0"

SECTION-ENTRANCE #2
Scale: 1/2" = 1'-0"

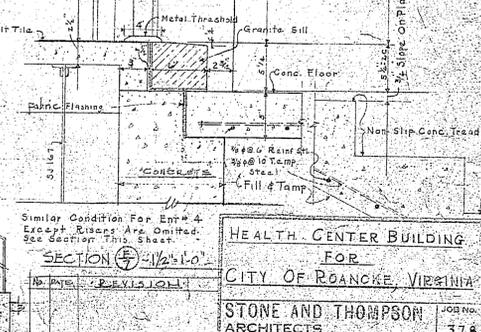
NOTE: SEE ELECTRICAL PLANS & MANUFACTURER'S SHOP DRAWINGS FOR LOCATIONS & SIZE OF RECESSED LIGHT FIXTURES IN BOTTOM OF CONC. CANOPIES - SEE INSTALLATION DETAIL BELOW.



SECTION THRU D.S. OF CANOPY
Scale: 1/2" = 1'-0"



SECTION 6
Scale: 1/2" = 1'-0"

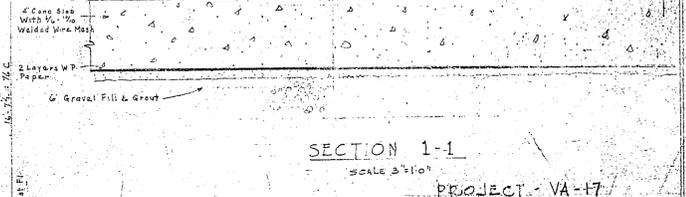
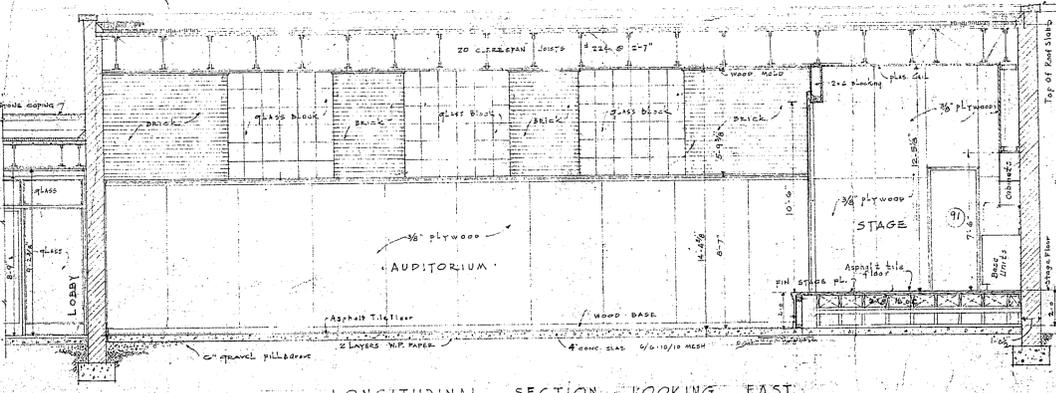
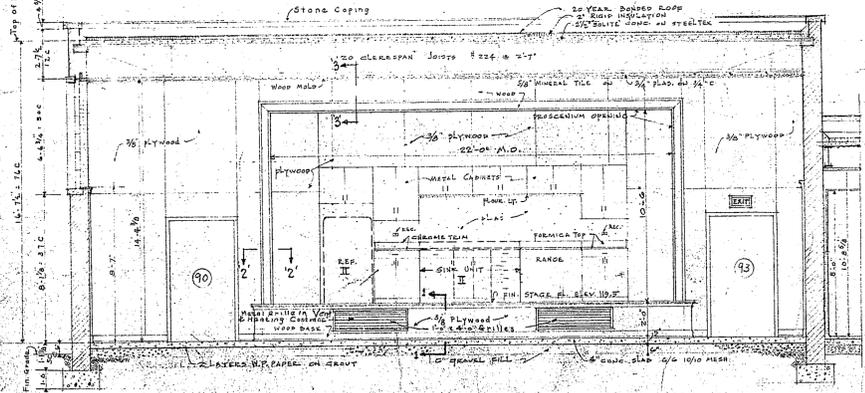
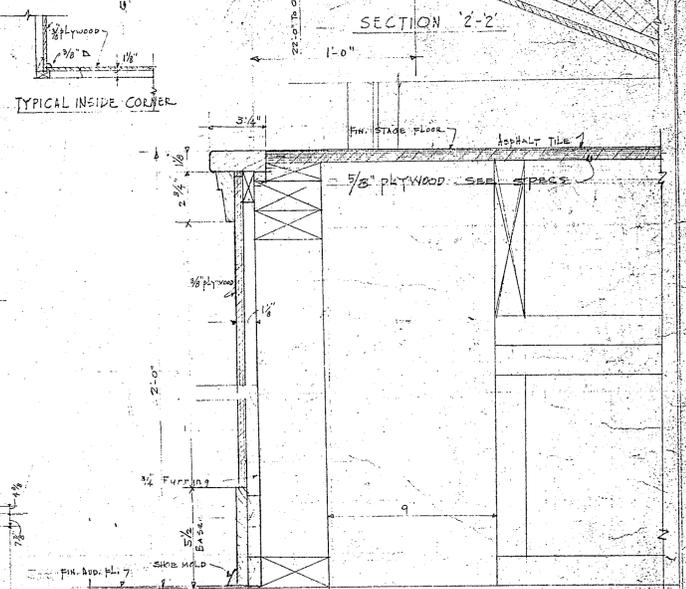
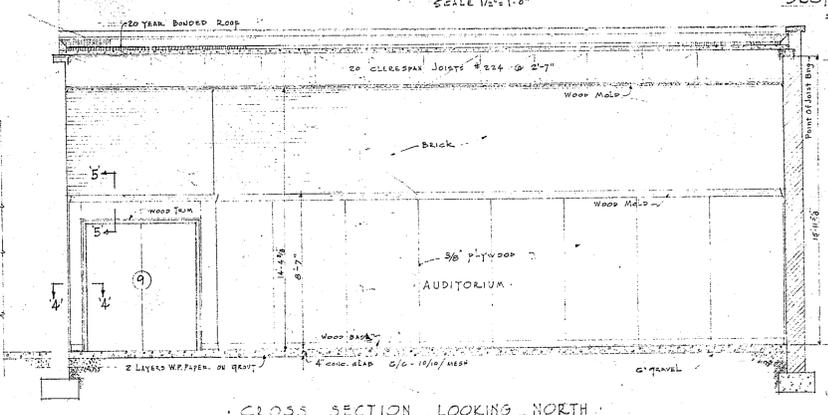
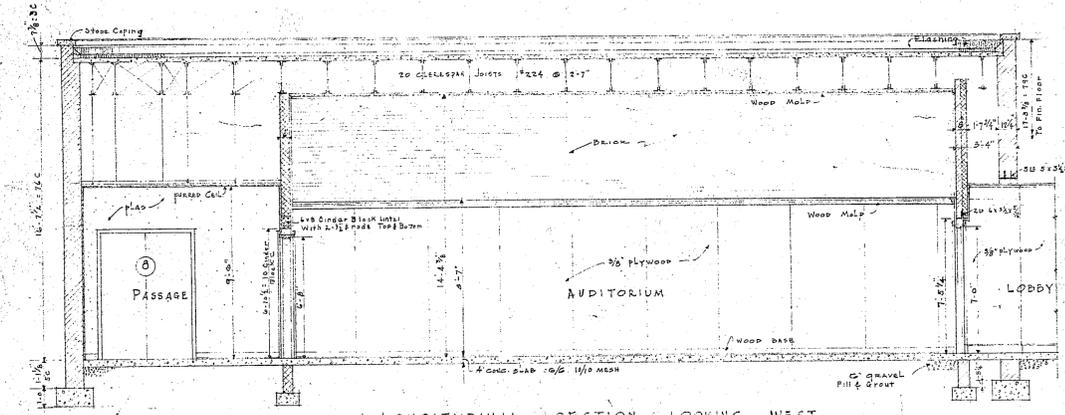
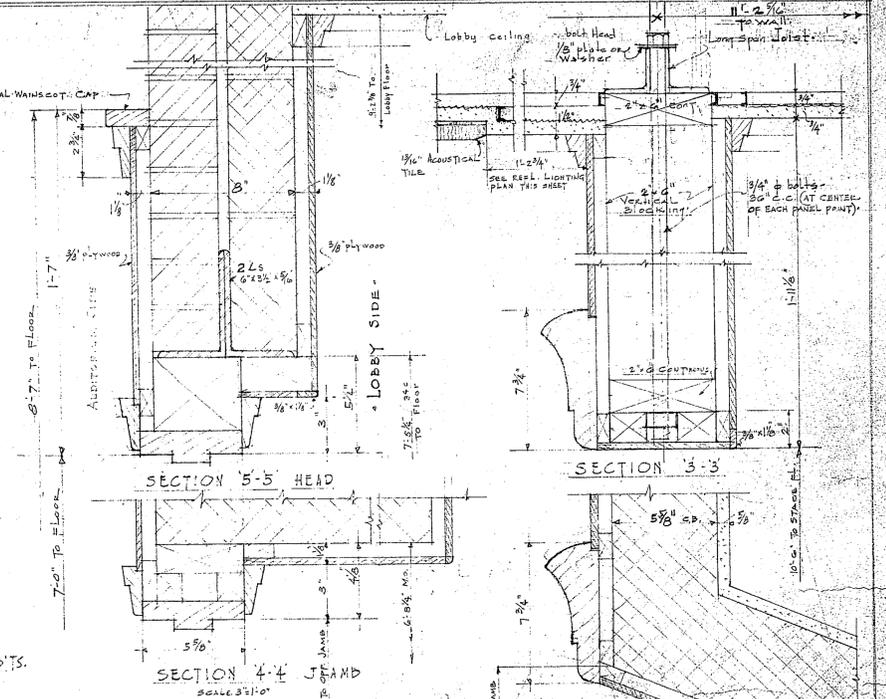
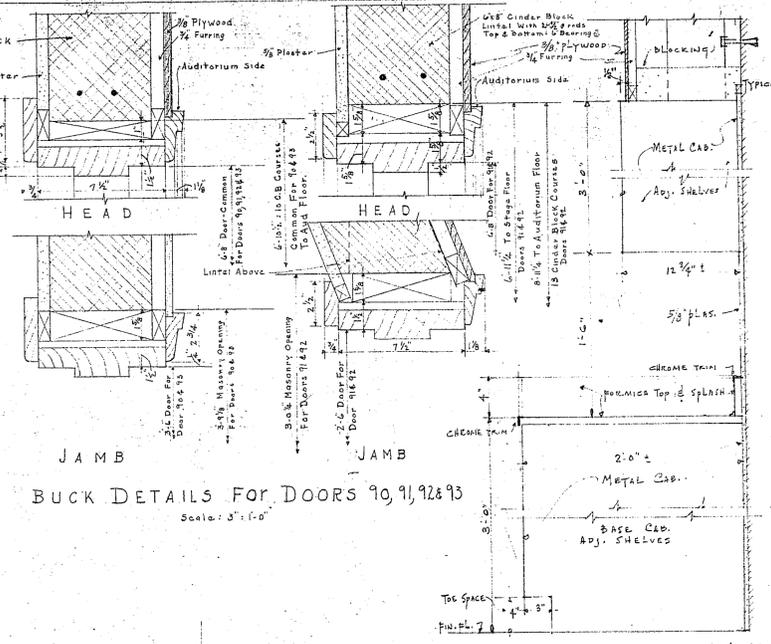
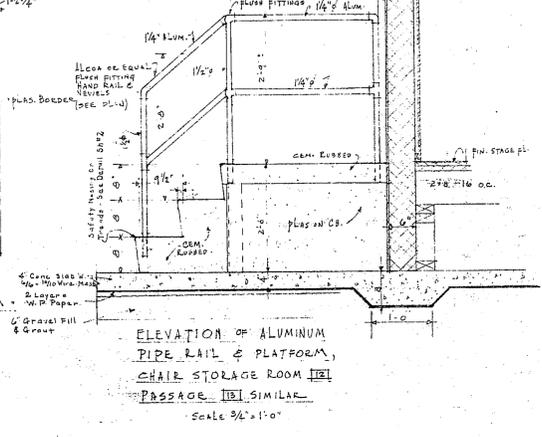
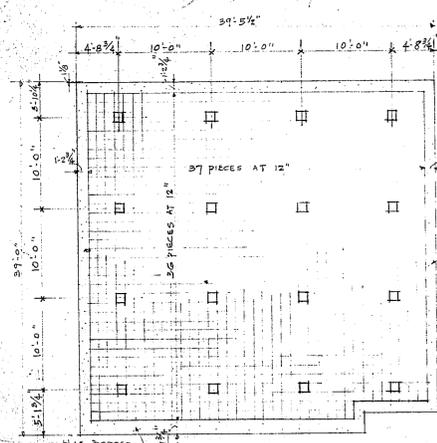


SECTION 7
Scale: 1/2" = 1'-0"

DETAILS - ENTRANCE #5

HEALTH CENTER BUILDING FOR CITY OF ROANOKE, VIRGINIA	
STONE AND THOMPSON ARCHITECTS ROANOKE, VA.	JOB NO. 378
CONTRACTOR MUST VERIFY ALL DIMENSIONS AT BUILDING BEFORE PROCEEDING WITH THE WORK.	SHEET 7

ADDITIONAL DOCUMENTATION:
Original Plans
Roanoke City Health Center
Roanoke, VA
DHR No. 128-0049-1666



REVISIONS		PROJECT - VA-47	
NO.	DATE	REVISION	
1	2-16-51	Revised Section 1-1 to show VA Bolt on E of Lobby Platform	

HEALTH CENTER BUILDING		JOB NO.	378
FOR CITY OF ROANOKE, VIRGINIA		DATE	6-20-50
STONE AND THOMPSON ARCHITECTS		DRAWN	8
ROANOKE, VA		DATE	6-20-50

ADDITIONAL DOCUMENTATION:
 Original Plans
 Roanoke City Health Center
 Roanoke, VA
 DHR No. 128-0049-1666



















