

# Marshall Main Street Program

708 Archer Avenue

Telephone (217-826-9023)

## BUILDING SURVEY

Structure Address: 627 Archer

Date: 3-9-12

131830 5011

Reference No.: E 1/2 Lot 1 Blk 27  
*original town*

Prepared by: C Lyson



Name of Present Business: 627 Coale Insurance Agency      621 1/2 Wm Mc Radio

Type of Business: Insurance      Radio Station

Present Business Owner: JJ & Helma K Morgan

Estimated Construction Date: 1958

Original Business Use: \_\_\_\_\_

Historic Name: Crossroads Building

Any drawings or pictures of early building available: yes

# Marshall Main Street Program

## BUILDING SURVEY

Telephone (217) 826-9023

Structure Address: 627 Archer

Date: March 11, 2002

Reference No.: \_\_\_\_\_

Prepared By: Wesley Wells



Name of Present Business: Coale Insurance

Type of Business: Insurance Agency

Present Building Owner: \_\_\_\_\_

Estimated Construction Date: \_\_\_\_\_

Original Business or Use: \_\_\_\_\_

Historic Name: \_\_\_\_\_

Any drawings or pictures of early building available: \_\_\_\_\_

# Marshall Main Street Program

## BUILDING SURVEY

Telephone (217) 826-9023

Structure Address: 627 Archer

Date: \_\_\_\_\_

Reference No.: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Location: \_\_\_\_\_

Dimensions:      Width \_\_\_\_\_ Length \_\_\_\_\_

Corner Building:

Structure Height:     1-Story       2-Story       3-Story

Foundation:       Concrete       Stone       Block/Brick       Other Type \_\_\_\_\_

Exterior Walls:	<input checked="" type="checkbox"/>	Brick	<input type="checkbox"/>	Stone	<input type="checkbox"/>	Vertical Wood Siding
(Above 1st Floor)	<input type="checkbox"/>	Horizontal Wood	<input type="checkbox"/>	Wood Shingle	<input type="checkbox"/>	Stucco
	<input type="checkbox"/>	Asphalt Siding	<input type="checkbox"/>	Asbestos Siding	<input type="checkbox"/>	Artificial Stone
	<input type="checkbox"/>	Concrete Block	<input type="checkbox"/>	Aluminum Siding	<input type="checkbox"/>	Other _____

(First Floor)	<input checked="" type="checkbox"/>	Brick	<input type="checkbox"/>	Stone	<input type="checkbox"/>	Vertical Wood Siding
	<input type="checkbox"/>	Horizontal Wood	<input type="checkbox"/>	Wood Shingle	<input type="checkbox"/>	Stucco
	<input type="checkbox"/>	Asphalt Siding	<input type="checkbox"/>	Asbestos Siding	<input type="checkbox"/>	Artificial Stone
	<input type="checkbox"/>	Concrete Block	<input type="checkbox"/>	Aluminum Siding	<input type="checkbox"/>	Other _____

Windows	<input checked="" type="checkbox"/>	Wood	<input type="checkbox"/>	Metal	<input type="checkbox"/>	Double Hung
(Above 1st Floor)	<input checked="" type="checkbox"/>	Casement (Side Hinge)	<input type="checkbox"/>	Sliding	<input type="checkbox"/>	Stained, leaded or beveled
	<input type="checkbox"/>	Boarded	<input type="checkbox"/>	Replaced with brick & filled	<input type="checkbox"/>	Other type _____

(First Floor)	<input checked="" type="checkbox"/>	Wood	<input checked="" type="checkbox"/>	Metal	<input type="checkbox"/>	Double Hung
	<input type="checkbox"/>	Casement (Side Hinge)	<input type="checkbox"/>	Sliding	<input type="checkbox"/>	Stained, leaded or beveled
	<input type="checkbox"/>	Boarded	<input type="checkbox"/>	Replaced with brick & filled	<input type="checkbox"/>	Other type _____

Store Front Display Area       Rippled or Colored above display       Clear above display

# Marshall Main Street Program

BUILDING SURVEY

Telephone (217) 826-9023

Structure Address: \_\_\_\_\_

Date: \_\_\_\_\_

Reference No.: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Awnings	<input type="checkbox"/>	Canvas	<input type="checkbox"/>	Aluminum	<input type="checkbox"/>	Second Floor
Material	<input type="checkbox"/>	Constructed	<input type="checkbox"/>	Wood Shingle	<input type="checkbox"/>	Roofing Material
Doors	<input type="checkbox"/>	Wood	<input type="checkbox"/>	Metal	<input checked="" type="checkbox"/>	Glass
	<input type="checkbox"/>	Clear glass in door 30%	<input type="checkbox"/>	Clear	<input type="checkbox"/>	Mostly solid wood
	<input type="checkbox"/>	Stelite	<input type="checkbox"/>	Clear	<input type="checkbox"/>	Stained, leaded, or beveled
	<input type="checkbox"/>	Tansom	<input type="checkbox"/>	Clear	<input type="checkbox"/>	Stained, leaded, or beveled
Cornice	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Decorative	<input type="checkbox"/>	Style _____
	<input type="checkbox"/>	Baskets	<input type="checkbox"/>	Panels, Windows	<input type="checkbox"/>	Other _____
Main Entrance	<input checked="" type="checkbox"/>	Centered	<input type="checkbox"/>	Off center to right	<input type="checkbox"/>	Off center to left
	<input type="checkbox"/>	Entrance to upper floors	<input type="checkbox"/>	Side entrance (Corner Building)		
Unique Ornamental Trim	<input type="checkbox"/>	Bay	<input type="checkbox"/>	Tower or Turret	<input type="checkbox"/>	Balcony
	<input type="checkbox"/>	Arches	<input checked="" type="checkbox"/>	Ornamental Column or Parts	<input type="checkbox"/>	Decorative wooden
	<input type="checkbox"/>	Decorative Metal Works	<input type="checkbox"/>	Decorative Stone Work	<input type="checkbox"/>	Decorative Brick
	<input type="checkbox"/>	Outside Stairs	<input type="checkbox"/>	Simple	<input type="checkbox"/>	Decorative Metal
	<input type="checkbox"/>	Decorative Cross Beam			<input type="checkbox"/>	Wood
	<input type="checkbox"/>	Decorative Rosettes				

Present Colors: Walls: tan bricks Sidewall \_\_\_\_\_  
 Window trim: white (If corner)  
 Doors: glass  
 Awning: \_\_\_\_\_  
 Stairs: \_\_\_\_\_

2nd Floor Use:  Used  Storage  Apt.  Office

3rd Floor Use:  Used  Unused  Storage  Apt.  Office

# Marshall Main Street Program

BUILDING SURVEY

Telephone (217) 826-9023

Structure Address: \_\_\_\_\_

Date: \_\_\_\_\_

Reference No.: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Exterior Renovations: \_\_\_\_\_  
Description: \_\_\_\_\_

Estimated Date: \_\_\_\_\_ Architect or Builder \_\_\_\_\_

Original Owner: \_\_\_\_\_

Other Owners:	Dates		1st Floor Use
	From	To	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2nd & 3rd Floor  
Offices or  
Residences \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Marshall Main Street Program

BUILDING SURVEY

Telephone (217) 826-9023

Structure Address: \_\_\_\_\_

Date: \_\_\_\_\_

Reference No.: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Any original or early interior features still in tact (lights, tin ceiling, etc.)

Integrity of original structure:

- Unaltered
- Slight modification on the building
- Slight modification 1st floor only
- Major modification entire building
- Major modification 1st floor only

Ease to restore original appearance:

Very easy Restore windows, take down awnings, etc.

Moderate

Difficult

Very Difficult It is a modern building so restoration would be impossible

# Marshall Main Street Program

BUILDING SURVEY

Telephone (217) 826-9023

Structure Address: \_\_\_\_\_

Date: \_\_\_\_\_

Reference No.: \_\_\_\_\_

Prepared By: \_\_\_\_\_

---

**Condition of structure:**

- Excellent
  - Good (No structure problems; needs maintenance)
  - Fair (Needs major maintenance & minor structure)
  - Poor (Deteriorated & structure problems)
- 

**Historical significance**

- |                                              |                                                    |
|----------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Date of origin      | <input type="checkbox"/> Occupant                  |
| <input type="checkbox"/> Architectural style | <input type="checkbox"/> Importance to community   |
| <input type="checkbox"/> Architect           | <input type="checkbox"/> Importance to streetscape |
- 

**Legal Description:**

ADDRESS 627 Archer (Crossroads Building)

NAME OF BUSINESS Coale Insurance Services

TYPE OF BUSINESS \_\_\_\_\_

NUMBER OF STORIES 2

TYPE OF USE IF ANY 2ND FLOOR other businesses

3RD FLOOR \_\_\_\_\_

APPROXIMATE WIDTH OF BUILDING 42 FT.

ON CORNER LOT?  YES \_\_\_\_\_ NO

NUMBER OF PARKING PLACES IN FRONT 1

NUMBER OF PARKING PLACES ON SIDE 4  
Rear 5

UNIQUE FEATURES OF BUILDING:

(3)  
side street off ices each have seperate doors  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPLETED BY: Morcroft  
Smiley  
Breneman

4/97

## This month in Clark Co. History

1912

Marshall fire loss greatest in years. A fire broke out in the rear part of the basement in Dr. Frank S. Mitchell's two story brick building, corner of Archer and Seventh Street in Marshall.

Fire departments from Paris and Terre Haute arrived to help the Marshall fire department and before the blaze was brought under control it spread west to Dr. Earl H. Mitchell's two story brick building and both buildings and contents were practically a total loss. The Buckle and Bloodworth barber shop building to the west was considerably damaged.

In the Dr. Frank Mitchell building were two apartments occupied by C. D. Hammond and wife and Virgil Murphy and wife. Both families escaped with only a small amount of clothing.



2009  
Morgan Rentals  
(Cross Roads Bldg)

**HISTORIC PRESERVATION GRANT APPLICATION  
MARSHALL MAIN STREET PROGRAM**

The Design Committee of the Marshall Main Street Program has instituted a grant for the historic preservation of buildings in the Main Street Downtown District. This grant could be used for the purchase and installation of awnings, doors, signs, painting, window repair, structural repairs etc. Certain requirements will apply as dictated by the City of Marshall and the Marshall Main Street Program.

**APPROVAL MUST BE OBTAINED PRIOR TO THE BEGINNING OF THE PROJECT.**

The amount of the grant is one-half of the cost of the project, up to a maximum of \$500. Each downtown building is eligible for one grant per year with a two-grant maximum. A total of six historic preservation grants will be awarded each calendar year. *Please see the attached Design Guidelines for specific requirements.*

BUILDING OWNER: Jerry & Debra Morgan  
NAME: Morgan Rentals  
ADDRESS: 17768 N. 1500<sup>th</sup>. Street, Marshall, IL

DAYTIME PHONE: 251-5087 or 826-5541

BUILDING ADDRESS: 627 Archer Ave. Marshall, IL

TYPE OF IMPROVEMENT: Window Replacement (first floor)

TOTAL COST OF IMPROVEMENT: \$8000.00

NAME & VENDOR'S ADDRESS: Ye Olde Glass, 802 E. Archer Ave., Marshall, IL

BUILDING OWNER'S SIGNATURE: Jerry Morgan DATE: 10-3-08

*Please attach a description and drawing of proposed improvements.*

The Design Committee makes Grant approvals. Approval must be obtained prior to the beginning of renovation project. The Design Committee meets on the 3<sup>rd</sup>. Thursday of every month. Please allow up to 60 days for final approval. Reimbursement will be made after improvement is completed and submission of invoice for total improvement is received in the Main Street Office.

**APPROVALS:**

Design Committee, Chr. Edie Breneman Date: 9/16/2009

Main Street President Jeannette D Lyhurst Date: \_\_\_\_\_

Program Manager Brenda White Date: 09-16-09

Treasurer Debra Morgan Date: 09-16-09

RETURN APPLICATION TO: MARSHALL MAIN STREET PROGRAM, P. O. Box 85,  
708 Archer Avenue, Marshall, Revised 3/27/07

P. Cl. #  
2930  
9-16-09



**HISTORIC PRESERVATION GRANT APPLICATION  
MARSHALL MAIN STREET PROGRAM  
NARRATIVE**

We intend to replace the first floor windows with a more energy efficient windows *as per the pictures attached.*

The first floor windows will have a single pane of glass over smaller divided panes. New aluminum framing will be installed in place of the painted wooden frames at the time of installation.

Your consideration of our grant application is appreciated.

Jerry and Debra Morgan



2011 Evan Lycan

625 - 627 Archer



*Marshall Area Chamber  
of Commerce's Business  
of the Week...*  
**Coale Insurance**

627 Archer

Coale Insurance is your full service insurance agency, offering personal, commercial, and life, and health policies.

Coale Insurance has been in business since 1982 here in

Marshall.

Contact Austin Kendall at (217) 826-6323 or visit Coale Insurance at 627 Archer Ave in Marshall.