

IMPORTANT NOTE—If you reside or have your principal office in the localities of a Chapter or Chapters of The Institute which are opposed to the "Architects' Roster" or the "Register of Architects Qualified for Federal Public Works", do not answer or fill out the questionnaire.

RECEIVED
MAY 26 1946

CITY OF St. Louis Mo
STATE OF Missouri
DATE.....

*St. Louis
Capt.*

QUESTIONNAIRE FOR ARCHITECTS' ROSTER AND/OR REGISTER OF ARCHITECTS QUALIFIED FOR FEDERAL PUBLIC WORKS

TYPING IS MANDATORY. PARTNERSHIPS SHOULD MAKE A JOINT RETURN ONLY. Pink copy is to be retained by the author; other copies to be mailed to The American Institute of Architects, 1741 New York Avenue, N. W., Washington 6, D. C.

- 1. (a) FIRM (individual or partnership)..... JACOB. HEIM
- (b) FORMER FIRM, if any.....
- 2. BUSINESS ADDRESS..... 5134 Maffitt Ave
- 3. YEAR ESTABLISHED..... 1922

4. PERSONAL HISTORIES OF PRINCIPALS	Name of Principal	Name of Principal

Furnish data complete, but keep to essentials. Describe each member of firm individually; if more than two, append extra sheets.

- (a) Date of Birth..... Dec. 4, 1874
- (b) Education..... College in Germany
- (c) Experience Prior to Own Practice
(Give architect or architectural firm affiliations, positions held, and approximate dates of employment.)
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- (d) Commenced Practice.....
- (e) Number of Years a Principal.....

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(f) **Architectural Licenses**

(Give State, Number and Year Issued.)

Missouri, Reg. No A-222-1946

(g) **Professional Societies and Offices Held**

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(h) **Service in World Wars I and II.** (Append data if desired.)

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(i) **Civic Activities**

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5. CONSULTANTS USUALLY EMPLOYED:

(If a member of your staff, so state)

(a) **STRUCTURAL ENGINEERS**

Name of Firm or Individual
Business Address

(b) **HEATING & VENTILATING ENGINEERS**

Name of Firm or Individual
Business Address

(c) **ELECTRICAL ENGINEERS**

Name of Firm or Individual
Business Address

(d) **PLUMBING OR SANITARY ENGINEERS**

Name of Firm or Individual
Business Address

(e) **LANDSCAPE ARCHITECTS**

Name of Firm or Individual
Business Address

6. OTHER REMARKS RE QUALIFICATIONS:

(Append extra sheet if necessary)

Dotted lines for handwritten notes.

7. SUMMARY OF PROJECT COSTS:

	Largest Single Job	All Jobs Valuation	Annual Average
Work Completed 1930-1940	<i>St. Louis House</i>	<i>appr. \$</i>	<i>325,000</i>
Work Completed 1941-1946			
Current Work under construction or working drawings authorized			

8. REPRESENTATIVE WORK FOR WHICH YOU WERE ARCHITECT OR WERE ASSOCIATED WITH OTHERS:

(a) Three Projects Not Exceeding Cost of \$300,000:

Name of Project	Cost	Location	Owner

(b) Three Projects Costing From \$300,000 to \$1,000,000:

Name of Project	Cost	Location	Owner

(c) Three Projects Costing Over \$1,000,000:

Name of Project	Cost	Location	Owner

9. PHOTOGRAPHS/PHOTOSTATS:

The author submits herewith photographs or photostats (size 8" x 10") of several buildings for which he has been the Architect, as follows: (N.C.A.R.B. presentation acceptable.)

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10. COLLABORATION WITH JUNIOR ARCHITECTS:

(a) If an established individual or firm, are you willing to collaborate with other firms or individuals which would permit junior architects to qualify and help further their professional careers?

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(b) If in private practice at this time, name associates (if additional architects are to be added to your organization) for the purpose of qualifying:

.....
.....

(c) If **not** in private practice at this time, name established architect or firm with whom you have agreed to collaborate, for the purpose of qualifying:

.....

11.(a) I/~~We~~ wish to be included in the **Architects' Roster**
do not wish to be

(b) I/We would like to be considered for the **Register of Architects Qualified for Federal Public Works**
do not wish to be

I/We hereby certify that the above is a true statement of facts.

Name of Firm or Individual..... *Jacob Reim*

Signed by all Principals: *Archit*

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