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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.

CITY OF Los Angeles

JUN 12 1946

STATE OF California

EDMUND R. PURVES

DATE June 6, 1946

So. Cal. Archt.

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) GUY ORAN KOEPP
(b) FORMER FIRM, if any
2. BUSINESS ADDRESS 1401 North Curson Avenue, Los Angeles #46, California
3. YEAR ESTABLISHED 1946

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 May 19, 1898
(b) Education University of Oregon
(c) Experience Prior to Own Practice (Give architect or architectural firm affiliations, positions held, and approximate dates of employment.)
(d) Commenced Practice 1930
(e) Number of Years a Principal 16

(f) **Architectural Licenses**
(Give State, Number and Year Issued.)

California C6 1930

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

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

World War I April, 1917 - July, 1919

(i) **Civic Activities**

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).....

7. SUMMARY OF PROJECT COSTS:

	Largest Single Job	All Jobs Valuation	Annual Average
Work Completed 1930-1940
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
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.....
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(c) Three Projects Costing Over \$1,000,000:

Name of Project	Cost	Location	Owner
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