State of California ♦ The Resources Agency
DEPARTMENT OF PARKS AND RECREATION

PRIMARY RECORD

Primary #
HRI #
Trinomial
NRHP Status Code

Other Review Code | Reviewer | Date | Listings

Page 1 **of** 2 ***Resource Name or #:** (Assigned by recorder)
P1. Other Identifier:

***P2. Location:** ☐ **Not for Publication** ☐ **Unrestricted**
***a. County** Fresno **and** (P2c, P2e, and P2b or P2d. Attach a Location Map as necessary.)
***b. USGS 7.5' Quad** **Date** **T** ; **R** ; ☐ **of** ☐ **of Sec** ; **B.M.**
c. Address 444 Fresno St City Fresno Zip

d. UTM: (Give more than one for large and/or linear resources) Zone , mE/ mN
e. Other Locational Data: (e.g., parcel #, directions to resource, elevation, decimal degrees, etc., as appropriate)
46725501

***P3a. Description:** (Describe resource and its major elements. Include design, materials, condition, alterations, size, setting, and boundaries)

Construction comprised of stucco, brick & glass. Consistent with the period. Including large low roof overhangs to provide shadow and an inner courtyard giving light to interior rooms. The buildings are connected through interior hallways & breezeways

P5a. Photograph or Drawing (Photograph required for buildings, structures, and objects.)

***P3b. Resource Attributes:** (List attributes and codes) Sec. 12-1607

***P4. Resources Present:** ☒ Building ☐ Structure ☐ Object ☐ Site ☐ District ☐ Element of District ☐ Other (Isolates, etc.)

P5b. Description of Photo: (view, date, accession #)

***P6. Date Constructed/Age and Source:** ☐ Historic ☐ Prehistoric ☐ Both
1957

***P7. Owner and Address:**
Faith In God's Healing Touch Inc.
PO Box 12904
Fresno, CA 93779

Page 1 **of** 2 ***Resource Name or #:** (Assigned by recorder) _____

P1. Other Identifier: _____

***P8. Recorded by:** (Name, affiliation, and address) _____

***P9. Date Recorded:** _____

***P10. Survey Type:** (Describe) _____

***P11. Report Citation:** (Cite survey report and other sources, or enter "none.")

***Attachments:** ☒NONE ☐Location Map ☐Continuation Sheet ☐Building, Structure, and Object Record ☐Archaeological Record ☐District Record ☐Linear Feature Record ☐Milling Station Record ☐Rock Art Record ☐Artifact Record ☐Photograph Record ☐ Other (List): _____

BUILDING, STRUCTURE, AND OBJECT RECORD

***Resource Name or #** (Assigned by recorder) _____ ***NRHP Status Code** _____

B1. Historic Name: The Fresno-Klette Medical Arts Center
B2. Common Name: _____
B3. Original Use: Medical Center B4. Present Use: Vacant
***B5. Architectural Style:** _____
***B6. Construction History:** (Construction date, alterations, and date of alterations)
Built in 1957

***B7. Moved?** ☒ **No** ☐ **Yes** ☐ **Unknown** **Date:** _____ **Original Location:** _____
***B8. Related Features:**

B9a. Architect: David Horn of Horn & Mortland b. Builder: _____
***B10. Significance: Theme** Medical Center **Area** _____

Period of Significance _____ **Property Type** Medical Complex
Applicable Criteria _____ (Discuss importance in terms of historical or architectural context as defined by theme, period, and geographic scope. Also address integrity.)

B11. Additional Resource Attributes: (List attributes and codes) _____
***B12. References:**

B13. Remarks:

***B14. Evaluator:** _____
***Date of Evaluation:** _____

(Sketch Map with north arrow required.)

(This space reserved for official comments.)