

**United States Department of the Interior**  
**National Park Service**  
**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.

**1. Name of Property**

Historic name: Shelburne Falls Historic District

Other names/site number: \_\_\_\_\_

Name of related multiple property listing:

\_\_\_\_\_  
 (Enter "N/A" if property is not part of a multiple property listing)

**2. Location**

Street & number: \_\_\_\_\_

City or town: Shelburne State: Vermont County: 05482

Not For Publication  Vicinity:

**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 **X** statewide \_\_\_ local

Applicable National Register Criteria:

**X** A \_\_\_ B **X** C \_\_\_ D

<p>_____  <b>Signature of certifying official/Title:</b></p> <p>_____  <b>State or Federal agency/bureau or Tribal Government</b></p>	<p>_____  <b>Date</b></p>
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