



**In-Kind Project Form**  
**For the Bardstown Historic District**

(Please attach photographs of current conditions of the building and the needed In-Kind Replacement. This form must be submitted before work has taken place)

**Property Owner:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Submittal:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Description of In-Kind Work:**

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(Preservation Coordinator to complete)

**Date Completed:**