THE CITY OF
BARDSTOWN
HISTORIC PRESERVATION

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: _____

Date of Submittal: _____

Property Address: _____

Description of In-Kind Work:

_____
_____
_____
_____
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_____
_____
_____
_____

(Preservation Coordinator to complete)

Date Completed: