

REQUEST FOR APPOINTMENT

DATE December 2020

AUTHORITY, BOARD OR COMMISSION YOU ARE TO: Historical Architecture Review Board (HARB)		G APPOINTMENT		
NAME: David C. Huber				
HOME ADDRESS: 2829 W. Tilghman Street, Allentown, PA 18104				
BUSINESS ADDRESS: 2829 W. Tilghman Street, Allentown, F	A 18104			
TELEPHONE NO. (RESIDENCE)	BUSINESS_	610-770-1585		
EMAIL: davehuber@customremodeler.com				
PRESENTLY EMPLOYED BY: Dave Huber Custom Remodeler				
JOB TITLE: Owner				
EMPLOYMENT (Prior):				
EDUCATION: HIGH SCHOOL GRADUATE: COLLEGE OR UNIVERSITY GRADUATE DEGREE/FIELD OF STUDY	YES YES	NO NO		
CURRENT MEMBERSHIP IN ORGANIZATIONS AN OFFICES:	ND			
PA Building Officials Conference, Associate men	nber			
HARB, board chair				
Old Allentown Preseration Assn, board chair				

PAST ORGANIZATIONAL MEMBERSHIP AND OFFICES HELD:				
DO YOU LIVE IN THE CITY OF ALLENTOW	YN: YES	NO		
DO YOU HAVE A SIGNIFICANT "BUSINESS' ALLENTOWN? PLEASE EXPLAIN:	" OR "PROPERTY" INT	EREST IN		
Yes. I have been operating my home impr last 38 years serving clientele all over the L		e city in the		
ARE YOU A REGISTERED VOTER:	YES	No		
WHY ARE YOU INTERESTED IN THIS APPOWHAT VALUE YOU WILL BRING TO THE B		O INCLUDE		
Current board chairman, having served aln Remodeling contractor for almost 40 years older homes in Allentown and surrounding knowledge of construction and repair techn	remodeling, repairing, communities with intim	and restoring		
DO YOU ANTICIPATE A CONFLICT OF INTOF AN AUTHORITY, BOARD OR COMMISSI		A MEMBER NO		
IF YES, EXPLAIN:				
IF YOU ARE BEING CONSIDERED FOR REAHOW MANY TERMS YOU HAVE SERVED	^	E INDICATE YEAR YOU		

NOTE: TI	his information will be used for making appointments to authorities, boar	ds and
co	ommission and in the event you are appointed/reappointed, it may be used	l as a
ne	ews release to identify you to the community.	

DHuben	December 13, 2020
Signature	Date

Please forward this request for appointment, along with a resume to:

Mayor's Office City Hall 435 Hamilton Street Allentown, PA 18101