

LOCATION 6 N. MAIN ST. ALLENTOWN NJ 08501
(street address)

LOT AND BLOCK NUMBER LOT 40 BLK 7

OWNER OF RECORD MARGARET A. ARMENANTE PHONE # (609) 259-24
6 N. MAIN ST P.O.B. 215 (name)
ALLENTOWN NJ 08501
(mailing address)

ZONING DISTRICT BD

LOT AREA 0.198 ACRES ±

PROPOSED USE PRIVATE GARAGE

PROPOSED CONSTRUCTION TWO (2) CAR GARAGE

ACCESSORY USES _____

YARDS, FRONT < 100' REAR 5' SIDE _____

ENCROACHMENTS (Flood Plain, etc.) _____

BUILDING DIMENSIONS (Outside measurements) _____

TOTAL SQUARE FEET OF BUILDING (Use outside measurements) _____

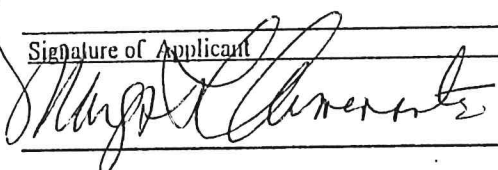
PERCENT OF LOT COVERAGE _____

HEIGHT OF BUILDING _____

NUMBER OF STORIES _____

ESTIMATED COST _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his or her authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant	Address	Application Date
	<u>601 Main St</u> <u>ALLENTOWN NJ 08501</u>	<u>3-11-99</u>

DO NOT WRITE BELOW THIS LINE

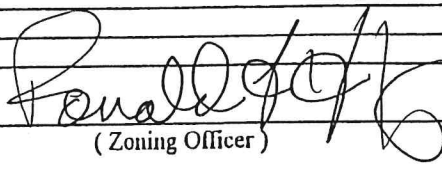
ZONING OFFICER'S FINDINGS

PLANNING BOARD APPROVAL REQUIRED? _____

ZONING BOARD APPROVAL REQUIRED? _____

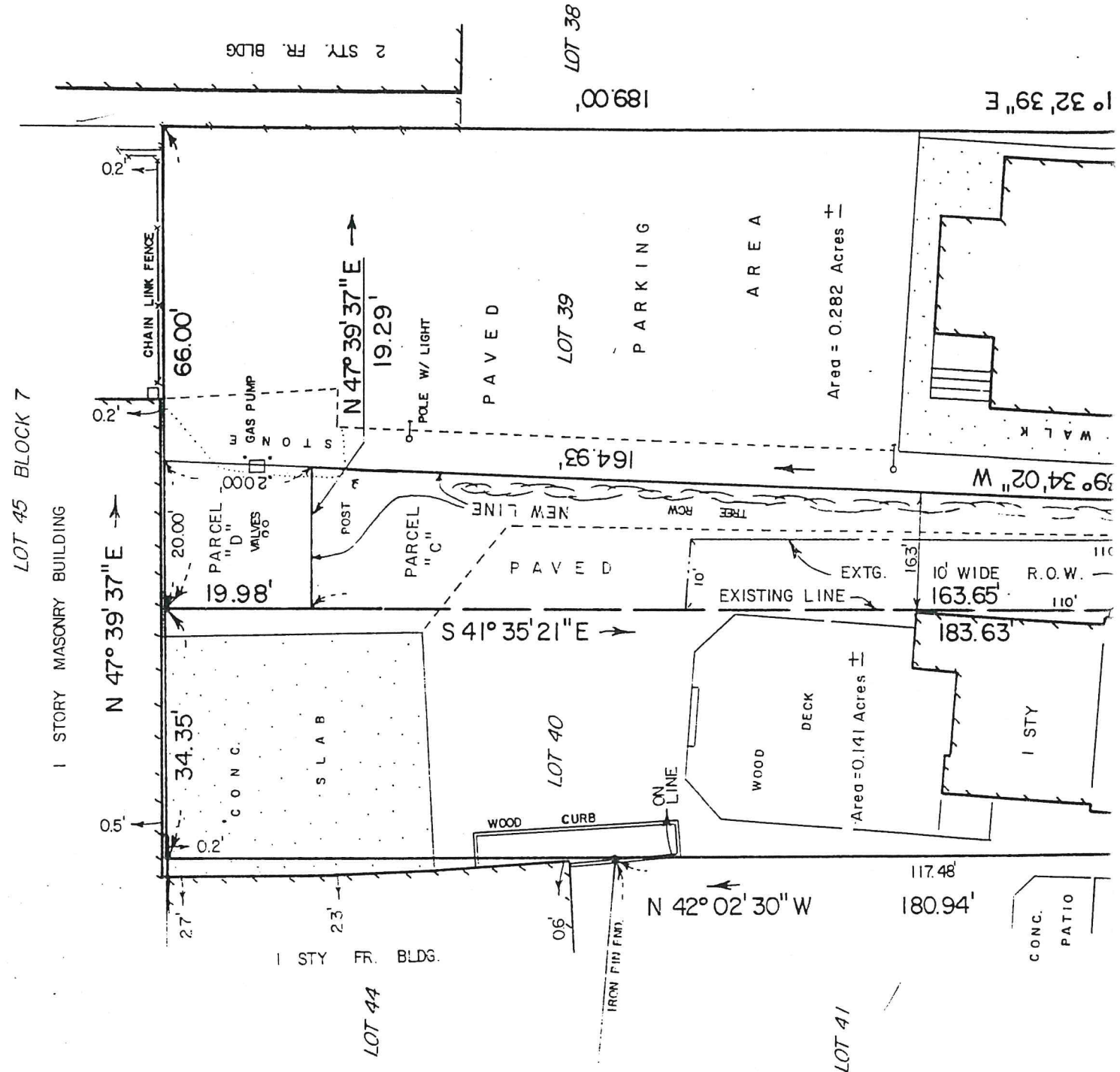
OTHER REMARKS: See 115 - 4.7A

APPROVED 4-14-99
(Date)

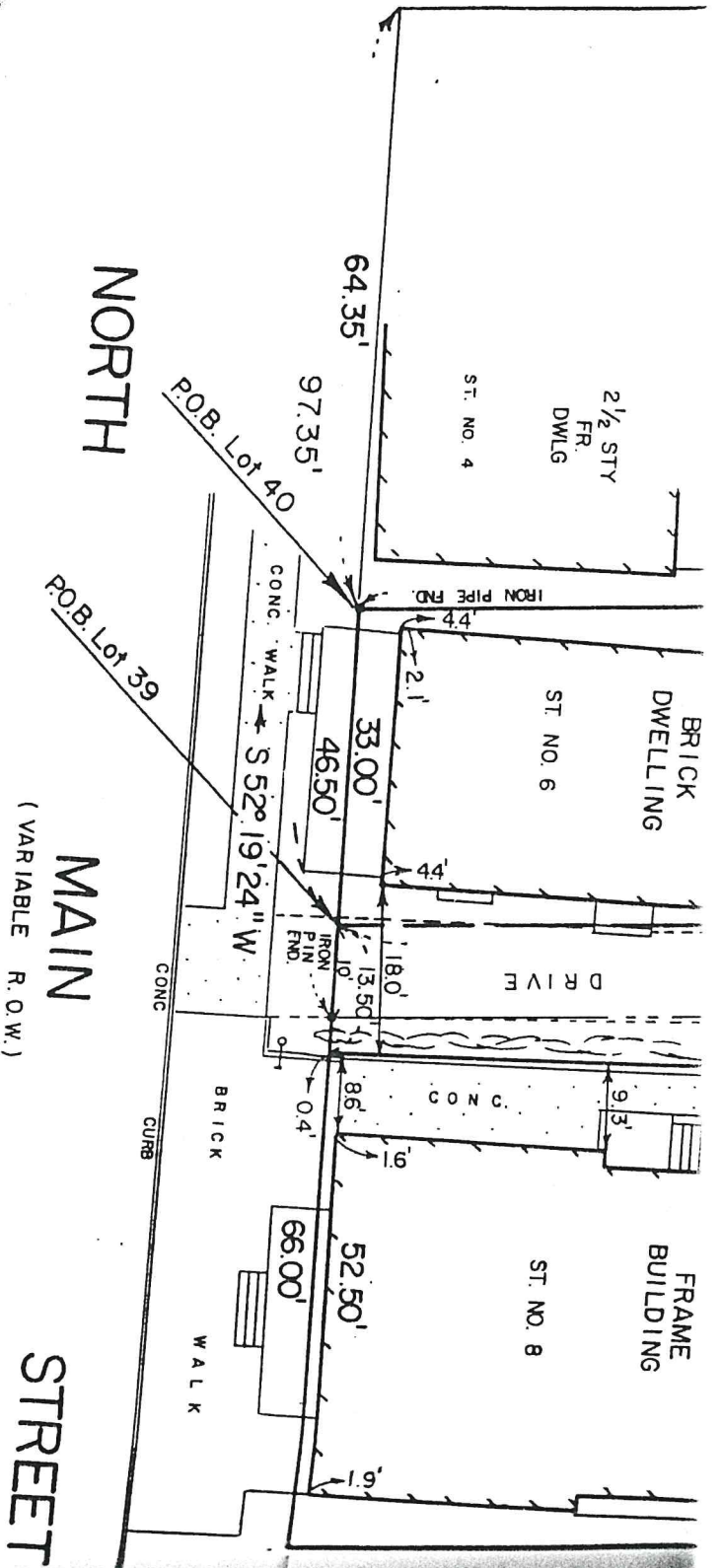

(Zoning Officer)

STREET

ARCEL "C" = 0.057 Acres ±
 ARCEL "D" = 0.013 Acres ±



EXERCISES FOR SET PER CONTRACTUAL ARRANGEMENTS



HARRIS SURVEYING

LAND SURVEYORS & PLANNERS

THOMAS A. HARRIS, N.J.PLS., PP.-THOMAS A. HARRIS, JR., N.J.PLS., PP.-KEVIN P. HARRIS, N.J.PLS., PP.-
MAIN STREET, ROBBINSVILLE, N.J. 08691, PHONE NO. (609) 259-3007, FAX NO. (609) 259-3008

PLAN OF SURVEY

6 NORTH MAIN STREET
LOCATED AT LOT 40 BLOCK 7
BOROUGH OF ALLENTOWN
SCALE: 1" = 20'
MONMOUTH COUNTY, N.J.
JANUARY 4, 1994

THIS PLAN IS CERTIFIED TO:

MARGARET A. ARMENANTE
BOROUGH OF ALLENTOWN

THOMAS A. HARRIS
N.J. PLS. NO. 16205
PP. NO. 4309

[illegible]



7/40

fax transmittal cover

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To: Michael Horro - Lori From: Michael Toscano
Fax: 209-7530 Pages: 4 (including cover page)
Phone: _____ Date: 11-25-02
Re: 6 NORTH MAIN ST. CC: _____

☐ Urgent ☒ For Review ☒ Please Comment ☐ Please Reply ☐ For Comment

Comments:

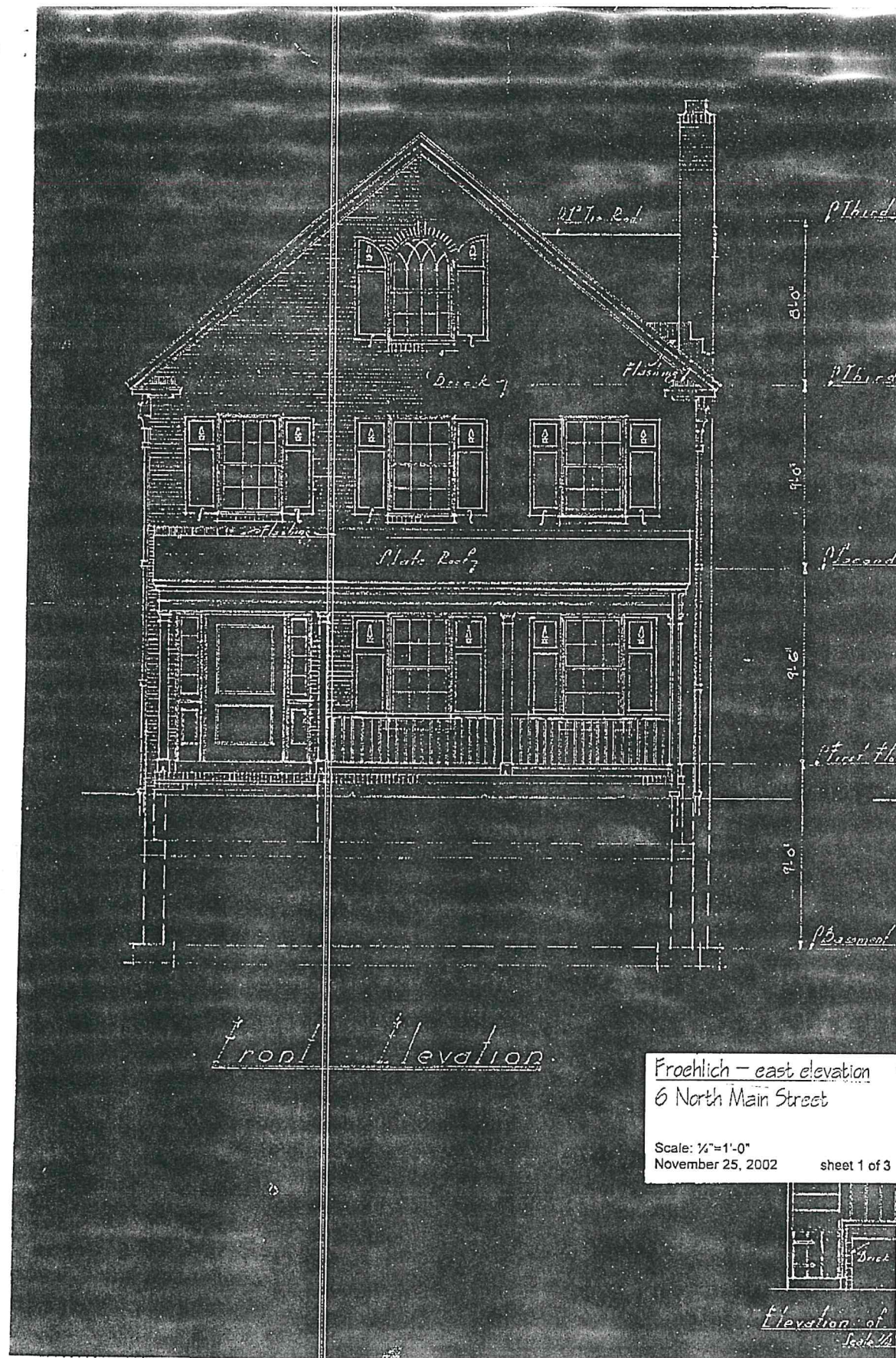
Lori:

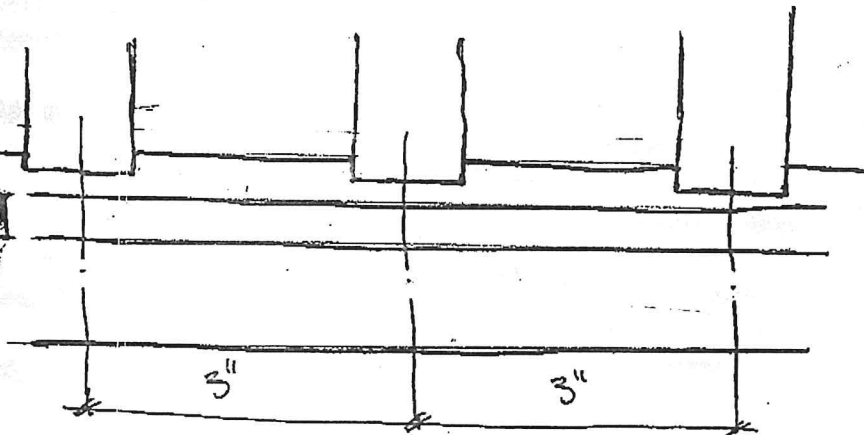
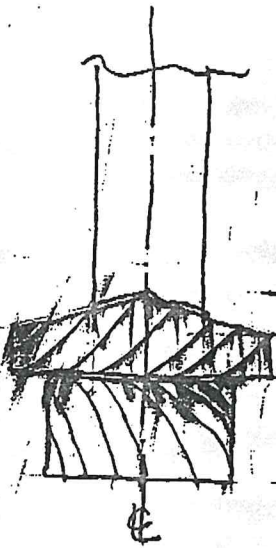
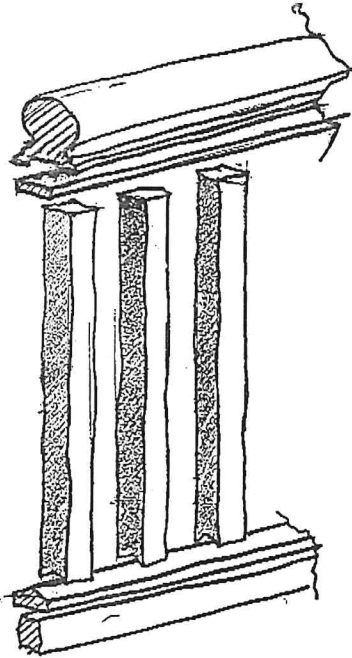
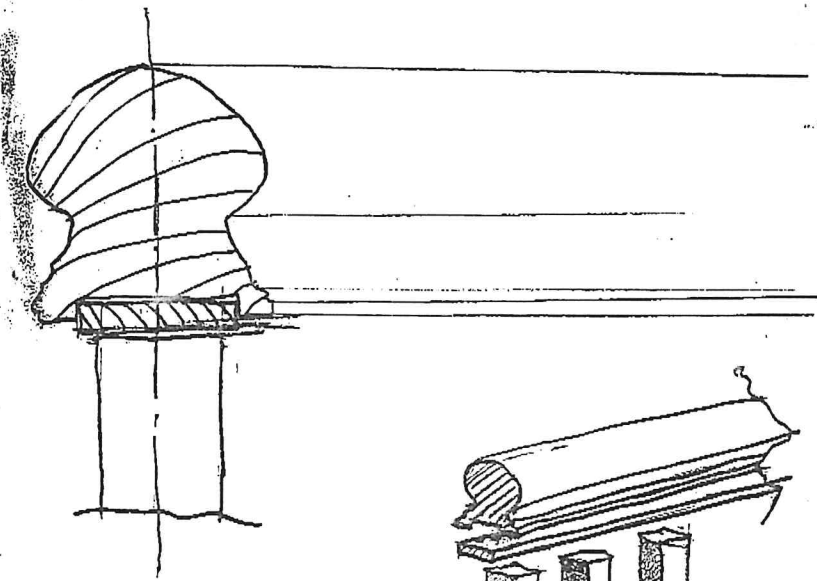
We would like to reinstall the columns and railings as shown on the first sheet. The columns and railings will be wood and painted to match the current window and door trim.

Please let me know about getting onto the next scheduled meeting agenda. Feel free to contact me with any questions at the number below.

Thanks in advance.

Mike

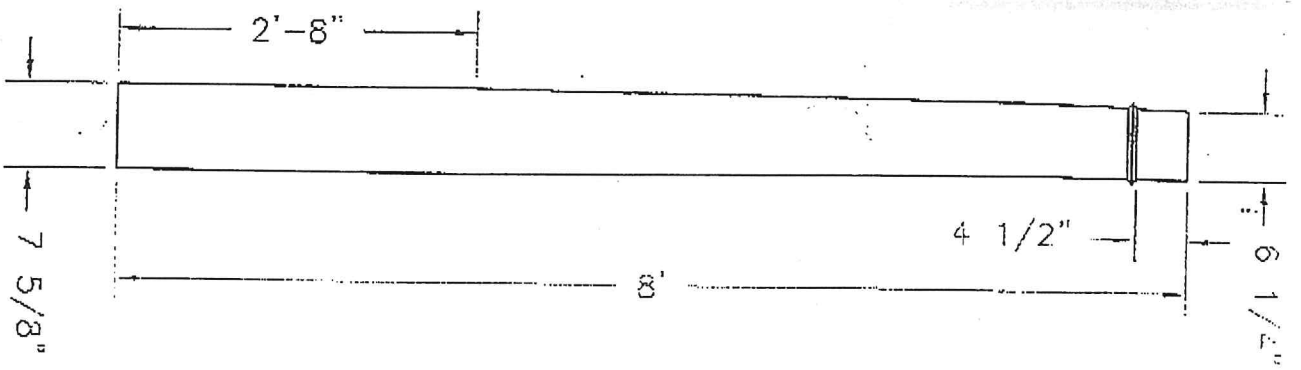




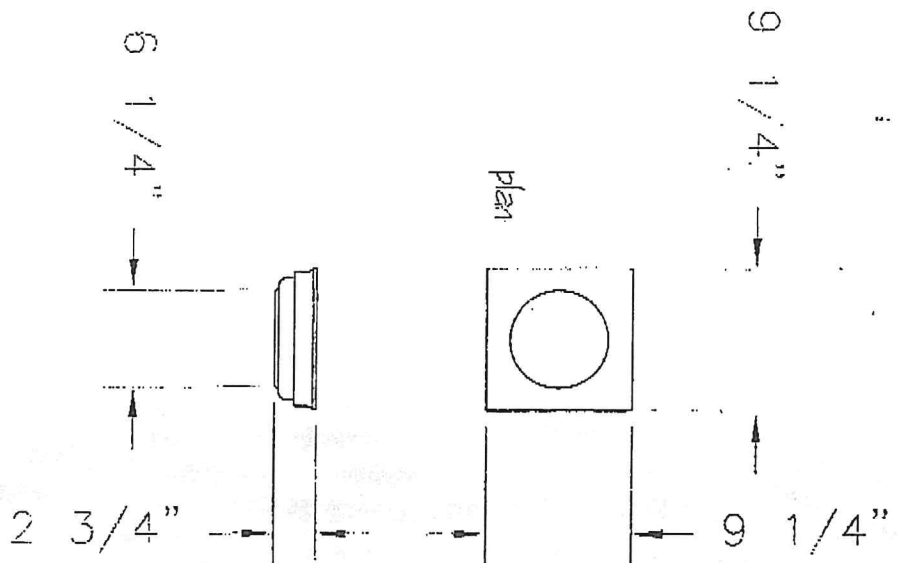
SECTION

Froehlich - railing detail
6 North Main Street

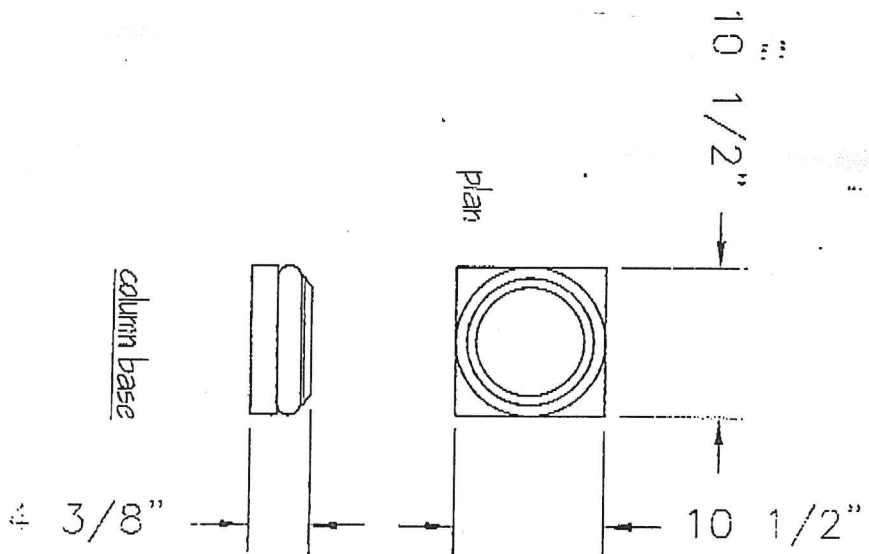
Scale: none
November 25, 2002 sheet 2 of 3



8" round wood tapered column



column capital



column base

Froehlich - column details
6 North Main Street

Scale: none
November 25, 2002

sheet 2 of 3

Borough of Allentown

Historic Preservation Review Commission Permit Form

This form is to be submitted by an applicant for a Construction Permit/Sign Permit/Roof Replacement, etc. that involves alterations/restoration to the exterior of a building within Allentown Borough's Historic District.

All Construction permits shall be completed and reviewed by the Construction Code Official and/or Zoning Officer. Permits will be approved only after they have been reviewed by the Historic Preservation Review Commission [HPRC].

Numbers 1 through 7 must be completed and presented by the applicant, along with accompanying drawings, renderings, color swatches, lettering design or photographs, etc. Application must be complete before it will be accepted or reviewed by the HPRC.

1. Applicant Name Edwin L. Froehlich Block 7 Lot 40
2. Street Address 6 N. MAIN ST Allentown, 08501
3. Telephone Home 609-223-0248 Work 609-936-8000
Cell 609-903-6166 Date of application MAY 2ND 2011
4. Property Owner Edwin L. Froehlich Phone _____
5. Explain reason for application in detail Roof MAIN house, LEAKING needs
Repair ASAP.
6. Please check off items being submitted with this application. Drawings or renderings must show material, measurements, etc.
Drawings _____ Renderings ✓ Sample of lettering _____ Sample of color ✓ Other _____
7. Applicant's Signature Edwin L. Froehlich

Please submit 3 copies of your plans or samples with your application

Applications must be returned to Borough Hall 10 days before the meeting date. The HPRC meets once a month, the 3rd Tuesday, 7 pm, in the Council Chambers of Borough Hall. You will be notified before the meeting to advise you that your application will be heard. You are welcome to bring your home improvement expert that will be completing the task. [Optional]

APPLICANT PHONE NUMBER 609-203-6166

FEE \$ 25.00 CHECK
CASH X

BOROUGH OF ALLENTOWN BOROUGH

APPLICATION FOR SIDEWALK/CURB PERMIT

RECEIVED

AUG 07 2008

BOROUGH OF ALLENTOWN

NAME Edwin and Gayle Froehlich

ADDRESS 6 North Main Street

CONTRACTOR: William Perrine Landscape Services

CONTRACTOR ADDRESS: 7 Fairview Rd. Robbinsville NJ 08691

CONTRACTOR PHONE: 609-977-5937

CHECK ALL APPLICABLE SURFACE AND/OR ITEMS TO BE DISTURBED

CURBING ☐ APRON; ASPHALT ☐

SIDEWALK ☒ CONCRETE ☒

GRASSED AREA ☒ OTHER ☐

PROBABLE DIMENSIONS OF OPENING; L 34'₁₀ W 5'₁₀ D

DATES SCHEDULED FOR THIS WORK; START DATE Aug 15th END DATE

NEW SIDEWALK; CONCRETE ☒ BRICK ☐

A COPY OF A CERTIFICATE OF NOTIFICATION FROM PSE&G MUST BE SUBMITTED WITH EACH APPLICATION.
(CALL THEM AT 1-800-272-1000) 082 181 449 Confirmation #

I, THE UNDERSIGNED, AT MY OWN EXPENSE WILL, WITHIN 48 HOURS OF COMMENCEMENT OF WORK, REPLACE ALL ITEMS DISTURBED IN A MANNER ACCEPTABLE TO THE TECHNICAL STANDARDS OF THE BOROUGH OF ALLENTOWN, I ALSO CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE Edwin L. Froehlich DATE 8/7/08

1ST INSPECTION; WHEN FORMED OUT, CALL 609-259-3151

APPROVAL [Signature] DATE 8-12-08

FINAL INSPECTION. CALL 609-259-3151

APPROVAL DATE

(Close on June 10th)

BOROUGH OF ALLENTOWN, NEW JERSEY 08501

P. O. Box 487

Block No. 7
Lot No. 40

Request For Inspection For Certificate of Approval

No. 2344

We / I request that the Housing Official of the Borough of Allentown, or his representative, make a Housing Inspection of the premises shown below for any Borough Ordinance violations and to issue a Certificate of Approval as to such premises.

1. Address 6 NORTH MAIN STREET - ALLENTOWN BOROUGH
No. Street ALLENTOWN, N.J.
2. Apartment _____
No.(s)
3. Present owner(s) BONAREN'S CO. TED FROENLICH -
Full name(s) of husband and wife, etc.
4. Prospective purchaser(s) EDWIN GAULE FROENLICH
Full name(s) of husband and wife, etc.
5. Present tenant(s) _____ Apt. No. _____
or lessee(s) Full name(s)
- _____ Apt. No. _____
Full name(s)
- _____ Apt. No. _____
Full name(s)
- _____ Apt. No. _____
Full name(s)
6. Prospective tenant(s) _____ Apt. No. _____
or lessee(s) N/A Full name(s)
- (If simply a change of occupants) _____ Apt. No. _____
Full name(s)

I certify that the above information is true and correct.

DATE 6/4/08 Full name and title Edwin L. Kuchel
Fee Paid: \$ 50.00

Certificate of Approval

I do hereby grant this Certificate of Approval this date to:

Full name(s) of owner(s), or prospective owner(s) for the above described premises.

This certificate is valid until the next occurring change in ownership or occupancy, or any subsequent inspection by the undersigned or his representative as shall disclose Borough Ordinance violations, which ever occurs first.

CONDITIONS:

DATE: 6-10-08

Paul J. [Signature]
Housing Inspector

259-
7944 Day

BOROUGH OF ALLENTOWN, NEW JERSEY 08501

P. O. Box 487

Block No. 7

Lot No. 40

Request For Inspection For Certificate Of Approval

No 2024

We / I request that the Housing Official of the Borough of Allentown, or his representative, make a Housing Inspection of the premises shown below for any Borough Ordinance violations and to issue a Certificate of Approval as to such premises.

1. Address 6 N. Main St.
No. _____ Street _____

2. Apartment _____

3. Present owner(s) Margaret Armendante
No.(s) _____
Full name(s) of husband and wife, etc. Louise Grolich

4. Prospective purchaser(s) Mark Addio to Christine Marano
Full name(s) of husband and wife, etc. _____

5. Present tenant(s)
or lessee(s) _____ Apt. No. _____
Full name(s) (If more than one, show Apartment No.(s) or location of _____
Full name(s) _____ Apt. No. _____
Full name(s) _____ Apt. No. _____
Full name(s) _____ Apt. No. _____

6. Prospective tenant(s)
or lessee(s) _____ Apt. No. _____
Full name(s) _____

(If simply a change
of occupants) _____ Apt. No. _____
Full name(s) _____

I certify that the above information is true and correct.

DATE 10/9/01 Full name and title Margaret A. Armendante

Fee Paid: \$ 50⁰⁰ OK 3633
PLM/sjg Owner

Certificate of Approval

I do hereby grant this Certificate of Approval this date to:

Full name(s) of owner(s), or prospective owner(s) for the above described premises.

This certificate is valid until the next occurring change in ownership or occupancy, or any subsequent inspection by the undersigned or his representative as shall disclose Borough Ordinance violations, which ever occurs first.

CONDITIONS:

DATE: 12-3-01

[Signature]
Housing Inspector