

Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

***This File Contains Personal Identifiable
Information of Private Citizen(s).***

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson", is written over a horizontal line.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 1221 LOT 895 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 14-0681



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-14-000503

I. IDENTIFICATION

1. Proposed Work Site at: 519 5th Ave, Brick, NJ 08724

2. Name of Owner in Fee: Patrick Leary

Tel. [REDACTED] e-mail _____

Address 519 5th Ave Brick, NJ 08724

3. Ownership in Fee: Public _____ Private ☒ _____

4. Principal Contractor: Mark Group of New Jersey, Inc. Tel. (267) 670-7855

Address 415 Commerce Lane, Suite 1 e-mail operationsnjs@markgroup.com

West Berlin, NJ 08091

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH061741

Federal Emp. ID No. 273071186 FAX: _____

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. _____ FAX: _____

6. Responsible Person in Charge once Work has Begun Rob Cain

Tel. (856) 767-1982 FAX: _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>115</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>2</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>117</u>		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure	ft.
3. Area — Largest Floor	sq. ft.
4. New Building Area	sq. ft.
5. Volume of New Structure	cu. ft.
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved _____ HUD _____	
9. Total Land Area Disturbed	sq. ft.
10. Flood Hazard Zone	
11. Base Flood Elevation	ft.
12. Wetlands yes _____ no _____	

IIa. PROPOSED WORK

- ☒ Minor Work ☐ New Building ☐ Addition ☐ Demolition
- ☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
3,828				03/03/14	WCK			

TOTAL COST \$3,828

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
- Gained, Sale _____
- Gained, Rental _____
- Lost, Sale _____
- Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
- C. MIXED USE -List secondary use(s): _____
- D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name Mark Group of New Jersey, Inc.

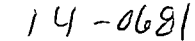
Address 415 Commerce Lane, Suite 1

West Berlin, NJ 08091

Telephone (856) 767-1982

Signature *OG* 2/11/14

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.



Federal Emp. ID No. 273071186 FAX: (888) 614-9579

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.



CONSTRUCTION PERMIT

Date Issued 3/14/14
Control # C-14-000503
Permit # 141-0081

IDENTIFICATION Block: 1221 Lot: 895 Qualifier _____
Work Site Location: 519 5TH AVE. Brick Township, NJ Contractor MARK GROUP OF NEW JERSEY, INC.
Owner in Fee LEARY, PATRICK H Address 415 COMMERCE LANE SUITE 1 WEST BERLIN NJ
519 5TH AVE. BRICK NJ 08724 08091
Telephone: _____ Telephone: (267) 670-7855
Lic. No. or Bldrs. Reg. No. 13VH06174100
Federal Employee No. _____

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

INSULATION ...PER ENERGY STAR PROGRAM

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$3,828

Daniel Newman Jr
Construction Official

3/3/14
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$115
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$7
CO Fee	
Other	\$0
Total	\$122
Check No. <u>1321</u>	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections, and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections, and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems; heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- ☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- ☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTICOLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Mark Group, Inc. d/b/a Mark Group of New Jersey Inc.
Kathleen Cottingham, Mark John Cottingham, Lee John Cottingham
4050 South 26th Street
Suite 200
Philadelphia PA 19112

FOR PRACTICE IN NEW JERSEY AS A(N): **Home Improvement Contractor**

11/06/2013 TO 12/31/2014
VALID

13VH06174100
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

E. Ky
DIRECTOR

DCA

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Mark Group, Inc. d/b/a Mark Group of New Jersey Inc.
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
11/06/2013 TO 12/31/2014
VALID
13VH06174100
License/Registration/Certificate #

SIGNATURE
E. Ky
DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

Mark Group, Inc. d/b/a Mark Group of New Jersey Inc. EXPIRATION DATE **2014**
YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 06174100**. PLEASE USE IT IN ALL
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS
CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED
BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON
YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE
AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW MAILING ADDRESS BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE
DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.



THERMAX™ SHEATHING

1. PRODUCT NAME

THERMAX™ Sheathing

2. MANUFACTURER

The Dow Chemical Company
Dow Building Solutions
200 Larkin
Midland, MI 48674
1-866-583-BLUE (2583)
Fax 1-989-832-1465
www.dowbuildingsolutions.com

3. PRODUCT DESCRIPTION

THERMAX™ Sheathing is a non-structural, rigid board insulation consisting of a glass-fiber-infused polyisocyanurate foam core laminated between 1.0 mil smooth, reflective aluminum facers on both sides. The glass-fiber reinforcement contributes to improved fire performance and dimensional stability. THERMAX™ Sheathing can be installed exposed to the interior without a thermal barrier.

THERMAX™ Sheathing offers high, long-term R-value. Used in conjunction with the appropriate joint closure system for the application, THERMAX™ Sheathing with its low perm rating helps to reduce moisture condensation within and behind the insulation.

BASIC USE

THERMAX™ Sheathing is specially designed to have a Class A fire rating and can be used in a range of concealed and exposed applications, above and below grade, and can be used in exterior walls. Because of its improved fire performance, THERMAX™ Sheathing is especially appropriate for hourly rated assemblies. THERMAX™ Sheathing is approved for use, per Section 2603.5 of the International Building Code, in Exterior Walls of Types I, II, III and IV construction. THERMAX™ Sheathing is designed for use as continuous insulation in both interior and exterior applications to assist in meeting and exceeding both the most current IECC and the ASHRAE 90.1 energy standards. Maximum length is 30 ft. (9.1 m) and maximum thickness is 4.25" (108 mm).

4. TECHNICAL DATA

APPLICABLE STANDARDS

THERMAX™ Sheathing meets ASTM C1289 – Standard Specification for Faced Rigid Cellular Polyisocyanurate Thermal Insulation Board, Type I, Class 2. Applicable standards include:

- C203 – Standard Test Methods for Breaking Load and Flexural Properties of Block-Type Thermal Insulation
- C209 – Standard Test Methods for Cellulosic Fiber Insulating Board
- C518 – Standard Test Method for Steady-State Thermal Transmission Properties by Means of the Heat Flow Meter Apparatus
- D1621 – Standard Test Method for Compressive Properties of Rigid Cellular Plastics
- D2126 – Standard Test Method for Response of Rigid Cellular Plastics to Thermal and Humid Aging
- E96 – Standard Test Method for Water Vapor Transmission of Materials
- D1623 – Standard Test Method for Tensile and Tensile Adhesion Properties of Rigid Cellular Plastics

TYPICAL PHYSICAL PROPERTIES

THERMAX™ Sheathing exhibits the typical physical properties and characteristics indicated in Table 2 when tested as represented.

ENVIRONMENTAL DATA

THERMAX™ Sheathing is manufactured with a zero ozone depleting potential. The use of THERMAX™ Sheathing helps reduce the carbon footprint of commercial buildings.

FIRE INFORMATION

THERMAX™ Sheathing products should be used only in strict accordance with product application instructions. THERMAX™ products are combustible and when used in a building containing combustible materials, may contribute to the spread of fire. For more information, consult MSDS and/or call Dow

at 1-866-583-BLUE (2583). In an emergency, call 1-989-636-4400.

CODE COMPLIANCES

THERMAX™ Sheathing complies with the following codes:

- ASTM E2178 Standard Test Method for Air Permeance of Building Materials - leakage rates less than 0.001 L/s/m² at a test pressure of 75 Pa.
- ASTM E283 Standard Test Method for Determining Rate of Air Leakage through Exterior Windows, Curtain Walls, and Doors under specified Pressure differences across the specimen. Results were <0.02 L/s/m²
- ASTM E2357 Standard Test Method for Determining Air Leakage of Air Barrier Assemblies - no leakage
- ASTM E331 Standard Test Method for Water Penetration of Exterior Windows, Skylights, Doors, and Curtain Walls by Uniform Static Air Pressure Difference - no leakage
- 2009 International Residential Code (IRC) Section 316
- 2009 International Building Code (IBC) Section 2603
- ICC-ES ESR-1659
- FM 4880 – Wall-Ceiling Construction Metal-Faced – Class 1 Fire Rated to Max. 30' Exposure High, 4.25" Thick, 4" Wide, When Installed as Described in the Current Edition of FMRC Approval Guide
- FM 4450 Approval Standard for Class 1 Insulated - Steel Deck Roofs
- THERMAX™ products are covered under Underwriters Laboratories Inc. (UL) File R5622
- UL 1256 – Fire Test of Roof Deck Constructions, Roof Deck Construction No. 120 and No. 123.
- UL 723 (ASTM E84) Surface Burning Characteristics of Building Materials
- The following designs are 1, 2, 3 or 4 hour wall rated assemblies as listed in the UL Fire Resistance Directory: U026, U326, U330, U354, U355, U424, U425, U460, U902, U904, U905, U906, U907, V454, V482, V499

- Fire Performance Evaluation of an Exterior Masonry Wall System Incorporating THERMAX™ Insulation Tested in Accordance With NFPA 285, 2006 Edition (UBC 26.9, Intermediate scale – multistory testing)
- FMVSS No. 302 – Flammability of Interior Materials – Passenger Cars, Multipurpose Passenger Vehicles, Trucks and Buses (Docket No. 3-3; Notice 4)
- Miami-Dade NOA 08-0320.01 Interior Insulation on CMU Block

Contact your Dow sales representative or local authorities for state and local building code requirements and related acceptances.

5. INSTALLATION

Boards of THERMAX™ Sheathing are lightweight and can be sawed or cut with a knife. They install quickly to walls (girts, steel stud, tilt-up, block, wood) and ceilings – inside and outside of purlins, trusses or bar joints. Butt joints must be installed over structural members. “Best

practice” recommendations for high-humidity environments include continuously sealing the surface of the insulation at all joints with a Dow joint closure system. Contact a local Dow representative or access the literature library at www.dowbuildingsolutions.com for more specific instructions.

6. AVAILABILITY

THERMAX™ Sheathing is manufactured in several locations and is distributed through an extensive network. For more information, call 1-800-232-2436.

7. WARRANTY

Fifteen-year limited warranty is available. Contact your Dow representative for details.

8. MAINTENANCE

Not applicable.

9. TECHNICAL SERVICES

Dow can provide technical information to help address questions when using THERMAX™ Sheathing. Technical personnel are available to assist with any insulation project. For technical assistance, call 1-866-583-BLUE (2583).

10. FILING SYSTEMS

- www.dowbuildingsolutions.com
- www.DowMetalBuilding.com

TABLE 1: SIZES, R-VALUES AND EDGE TREATMENTS FOR THERMAX™ SHEATHING

NOMINAL BOARD THICKNESS ⁽¹⁾ , IN.	R-VALUE ⁽²⁾⁽³⁾	BOARD SIZE, FT	EDGE TREATMENT
.50	3.3	4 x 8, 4 x 9, 4 x 10	Square Edge
.75	5.0	4 x 8, 4 x 9, 4 x 10	Square Edge
1.0	6.5	4 x 8, 4 x 9, 4 x 10	Square Edge
1.5	9.8	4 x 8, 4 x 9, 4 x 10	Square Edge, Shiplap
2.0	13.0	4 x 8, 4 x 9, 4 x 10	Square Edge, Shiplap

(1) Contact your Dow seller for information at different R-values and other sizes and lead time requirements. Not all product sizes are available in all regions.

(2) R means resistance to heat flow. The higher the R-value, the greater the insulating power. Stabilized R-values @ 75°F mean temperature determined in accordance with ASTM C518. R-values expressed in R²h·ft²/Btu.

(3) An additional 2.77 R-value may be added to the system R-value, when a minimum 3/4" ideal air space and horizontal heat flow are present in accordance with the ASHRAE Fundamentals Handbook on FTC, 16 CFR Part 460.

TABLE 2: TYPICAL PHYSICAL PROPERTIES OF THERMAX™ SHEATHING

PROPERTY AND TEST METHOD	VALUE
Compressive Strength ⁽¹⁾ , ASTM D1621, psi, min.	25
Flexural Strength, ASTM C203, psi, min.	40
Water Absorption, ASTM C209, % by volume, max.	0.1
Water Vapor Permeance, ASTM E96, perm, max.	<0.03
Maximum Use Temperature, °F	250

(1) Vertical compressive strength is measured at 10 percent deformation or at yield, whichever occurs first.

www.dowbuildingsolutions.com
www.thermaxbydow.com

Technical Information
1-866-583-BLUE (2583)
Sales Information
1-800-232-2436

IN THE U.S.
THE DOW CHEMICAL COMPANY
200 Larkin
Midland, MI 48674

NOTICE: No freedom from any patent owned by Dow or others is to be inferred. Because use conditions and applicable laws may differ from one location to another and may change with time, Customer is responsible for determining whether products and the information in this document are appropriate for Customer's use and for ensuring that Customer's workplace and disposal practices are in compliance with applicable laws and other government enactments. The product shown in this literature may not be available for sale and/or available in all geographies where Dow is represented. The claims made may not have been approved for use in all countries or regions. Dow assumes no obligation or liability for the information in this document. References to "Dow" or the "Company" mean the Dow legal entity selling the products to Customer unless otherwise expressly noted. NO EXPRESS WARRANTIES ARE GIVEN EXCEPT FOR ANY APPLICABLE WRITTEN WARRANTIES SPECIFICALLY PROVIDED BY DOW. ALL IMPLIED WARRANTIES INCLUDING THOSE OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE ARE EXPRESSLY EXCLUDED.

CAUTION: This product is combustible and shall only be used as specified by the local building code with respect to flame spread classification and to the use of a suitable thermal barrier. For more information, consult MSDS, call Dow at 1-866-583-BLUE (2583) or contact your local building inspector. In an emergency, call 1-989-638-4400.

WARNING: Rigid foam insulation does not constitute a working walkable surface or qualify as a fall protection product.

Building and/or construction practices unrelated to building materials could greatly affect moisture and the potential for mold formation. No material supplier including Dow can give assurance that mold will not develop in any specific system.



Hilti Corporation

> Home > Products > Foam Systems > One component crack and joint foams > CF-AS CJP All-season gap and joint filling foam

Insulating foam CF-AS CJP: Item No.: 02005479**Technical Data**

Content per can/cartridge	680 ml
Color	Orange
Expansion	40 %
Density	18 kg/l
Air Leakage acc. to ASTM E 283	<0.01 cfm/ft²
Cut Time (at 23°C / 50% r.H.)	25 min
Shelf life (@73°F/23°C and 50% relative humidity)	12 month(s)
Min. curing time ready to cut	25 min
Tack free time (at 23°C / 50% r.H.)	12 min
Foam Yield	1.6 ft³ (46l)
Dimension stability	4 %
Tensile strength	6 N/cm²
Shear strength	4 N/cm²
Application temperature range	0°C - 35°C
Spread of flame	0
HFC Free	Yes
Fire blocking foam	Yes
Number of components	1
Pressure Build acc. to AAMA 812-04	<2.5 psi
Application temperature - max	35 °C
Valve type	Solid
Base material temperature - min	5 °C
Temperature resistance temperature	-40°C - 90°C

range

Storage and transportation temperature 5 °C - 25 °C

- range

Packaging

Can



Related Products

CFR1 500ML cleaner
CF-DS1 Dispenser gun

[Back to previous page](#)

Hilti. Outperform. Outlast.

Hilti = registered trademark of Hilti Corporation, 9494 Schaan, Liechtenstein
© 2009-2012, Right of technical and programme changes reserved, S.E. & O.

MARK GROUP
4050 S 26TH STREET
SUITE 200
PHILADELPHIA PA 19112-1613

US POSTAGE AND FEES PAID
FIRST CLASS
Feb 08 2014
Mailed from ZIP 19112
2 oz First Class Mail
Letter Rate (No surcharge)



071S00777793

USPS CERTIFIED MAIL



9407 1102 0083 0145 7844 82

Brick Township
ATTN: Construction Official
401 Chambers Bridge Road
BRICK NJ 08723-2807



FOLD ALONG THIS LINE

Mark Group Energy Upgrades

Prepared For:

Patrick Leary

519 5Th Ave

BRICK NJ 08724

Prepared By:

Tom Ryan

732-682-0508

tom.ryan@markgroup.com

Job Number

US6053683

Living Space (General)

Shell Test & Seal OVERALL 16 hrs Seal wall tops/penetrations/gaps/cracks in unconditioned space with expandable foam to mitigate air leaks.

\$1900.00

Furnish and Install 16.5 SEER Central air conditioner YORK 410-A 13.85 EER MODEL# LX YCJF24S41S1 BASEMENT 1 unit WARRANTY: 10 yrs compressor, 10 yrs parts, 1 yr labor

~~\$4323.00~~

Furnish and Install Gas furnace 95.5% AFUE YORK 60,000 BTUs MODEL# TM9X060 BASEMENT 1 unit WARRANTY: 10 yrs parts, lifetime HX, 1 yr labor

~~\$4323.00~~

Furnish and Install 40 Gallon Gas hot water tank RHEEM MODEL#PROG40 EF 0.67 BASEMENT 1 unit WARRANTY: 6 yrs tank, 6 yrs parts, 1yr labor

~~\$2050.00~~

2" of high density foam (R-14) RIMJOIST 116 sf Insulate and seal penetrations/gaps/cracks in this location with high density two-part spray foam.

\$928.00

Re-vent dryer LAUNDRY 1 unit Properly vent the laundry dryer pipe to exterior to comply with building code.

\$0.00

Vent bath fan ATTIC 1 unit Properly vent the bath fan to exterior to comply with building code.

\$0.00

Install Mechanical Ventilation ALL 1 unit

\$1000.00

Misc

Permit fees not included and cost will vary by municipality. Mark Group will cover the initial payment and forward cost to client 30 days after project completion.

\$0.00

Credit

Home Performance with ENERGY STAR® Rebate \$ 4,000.00

\$0.00

Amount to be financed by NJNG On-Bill Repayment Program \$ 10,000.00 NJNG to send homeowner payment for On-Bill Repayment amount and Rebate, which homeowner is then responsible to remit to Mark Group.

\$0.00

Amount due from customer after \$150 deposit applied \$ 374.00

\$0.00

Mark Group Energy Upgrades

Prepared For:

Patrick Leary

519 5Th Ave
BRICK, NJ 08724

Prepared By:

Tom Ryan

732-682-0508

tom.ryan@markgroup.com

Job Number

US6053683

Energy Upgrade Total Cost

\$14524.00

Approximate date for work to begin

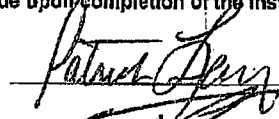
Approximate date for work to end

Deposit required \$0.00

Notes

- ☒ I have read and understand Mark Group's Terms and Conditions and agree to the work scope above.
- ☒ I acknowledge that I have received the Notice of Cancellation Form.
- ☒ I understand that improvements cannot be installed until personal items are cleared from applicable workspace(s).
- ☒ I understand payment is due upon completion of the installation.

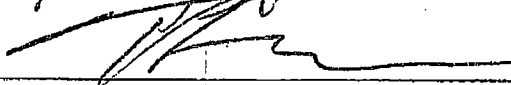
Customer Signature:



Date:

12/16/13

HPA Signature:



Date:

12/16/2013

(In MD) Contractor Signature:

Date:

Mark Group Home Improvement Licenses

Delaware 2010605498

New Jersey HIC REG# 13VH06174100

Maryland MHIC #1234567890

Pennsylvania 073876