BLOCK 702.02 LOT 14 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 11-1305

mail

CONSTRUCTION PERMIT APPLICATION

C-11-001359

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 101 Chambersbridge Road, Bricktown, NJ 08723
2. Name of Owner in Fee: 7-ELEVEN
   Tel. (770) 433.0169 e-mail N/A
   Address 101 Chambersbridge Road, Bricktown, NJ 08723 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Quality Plus Construction Tel. (732) 288 0010
   Address 873 Fischer Blvd e-mail _____
   Toms River, NJ 08753
   License No. OR, if new home, Builder Reg. No. 13VH04402500 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer HFA Architects Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Josh Ruple
   Tel. (817) 676 6957 FAX: ( ) _____

COMMERCIAL

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 105		
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	8		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 113		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure ~14', No Change ft.	
3. Area — Largest Floor Existing, No Change sq. ft.	
4. New Building Area Ø sq. ft.	
5. Volume of New Structure Ø cu. ft.	
6. Max. Live Load Existing, No Change	
7. Max. Occupancy Load Existing, No Change	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed Ø sq. ft.	
10. Flood Hazard Zone _____	
11. Base Flood Elevation _____ ft.	
12. Wetlands yes ____ no X	

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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	$5000		4/21/11		4-28-11	MW			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$5000								

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: retail, existing
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present retail
Proposed existing

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

CALLED 5/02/11

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.

( ) Check if contractor.

Agent Name Josh Ruple

Address 301 E MAIN STREET

CROWLEY, TX

Telephone (770) 433.0169

Signature Josh Ruple

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 06/29/2011
Control Number C-11-001359
Permit Number 11-1305
Permit Issue Date 05/09/2011
Certificate Number 11-1305

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 101 CHAMBERS BRIDGE RD. 7-11 Brick Township, NJ Block: 702.02 Lot: 14 Qual:

Owner in Fee: SOUTHLAND CORPORATION(THE)%TAX DEPT

Owner Address: P.O. BOX 711 DALLAS TX 75221

Telephone:

Contractor Quality Plus Construction

Address 873 Fischer Blvd. Toms River NJ 08753

Telephone: (732) 288-0010 Fax:

License Number or Builders Registration Number: 13VH04402500 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIDING partial brick/stone face

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 06/29/2011 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 3/25/11
Control # C-11-001359
Permit # 14135

IDENTIFICATION Block: 702.02 Lot: 14 Qualifier
Work Site Location: 101 CHAMBERS BRIDGE RD. 7-11 Brick Township, NJ
Owner in Fee: SOUTHLAND CORPORATION(THE)%TAX DEPT P.O. BOX 711 DALLAS TX 75221
Telephone:

Contractor: Quality Plus Construction
Address: 873 Fischer Blvd. Toms River NJ 08753
Telephone: (732) 288-0010
Lic. No. or Bldrs. Reg. No. 13VH04402500
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
SIDING partial brick/stone face

Note: If constuction 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 $5,000

Construction Official
Date 3-25-11

U.C.C. F170
equiv (rev 8/03)

PAYMENTS (Office Use Only)

Building	$105
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8
CO Fee	
Other	$0
Total	$113
Check No.	1012
Cash	$0
Credit	$0
Collected By	

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

#1305 $105.00 $8.00 CHECK $113.00

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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

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

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 _____

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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.

( ) Check if contractor.

Agent Name Josh Ruple

Address 301 E MAIN STREET

CROWLEY, TX

Telephone (770) 433.0169

Signature Josh Ruple

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 11-1305

Date Issued Permit # 05/09/11

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 70202 Lot 14 Qualification Code

Work Site Location 101 Chambersbridge Road, Bricktown, NJ 08723

Owner in Fee: 7-ELEVEN (7-11 STORE)

Tel. (770) 433.0169 e-mail N/A

Address 101 Chambersbridge Road, Bricktown, NJ 08723
(street, municipality, zip code)

Contractor: Quality Plus Construction Tel. (732) 288 0010

Address 873 Fischer Blvd e-mail

Toms River, NJ 08753

Contractor License No. or Builder Registration No. 13VH04402500 Exp. Date

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

Federal Emp. ID No. FAX: ( )

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	4/28/11	MW
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 4/28/11
Approved by: MA

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [X] CA
Date: 6/23/11
Approved by: MA

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			5/17/11	G.P.
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			6/21/11	G.P.
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present X Merc. Proposed No Change Constr. Class Present II B Proposed No Change

No. of Stories 1, No Change

Height of Structure ~14', No Change ft.

Area — Largest Floor NO Change sq. ft.

New Bldg. Area/All Floors Ø sq. ft.

Volume of New Structure Ø cu. ft.

Max. Live Load Existing, No Change

Max. Occupancy Load Existing, No Change

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 5000
3. Total (1+ 2) $ 5000

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: Josh Ruple

Print name here: Josh Ruple

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Attaching faux brick/stone board to corners and lower 18" of front of building with furring strips and anchors (SEE CONSTRUCTION DETAILS). Painting existing brick to match.

*See Notes on Plans

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [x] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11-1305

Date Issued / Permit # 05/09/11

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 702.02 Lot 14 Qualification Code

Work Site Location 101 Chambersbridge Road, Bricktown, NJ 08723

Owner in Fee: 7-ELEVEN

Tel. (770) 433.0169 e-mail N/A

Address 101 Chambersbridge Road, Bricktown, NJ 08723
(street, municipality, zip code)

Contractor: Quality Plus Construction Tel. (732) 288 0010

Address 873 Fischer Blvd e-mail
Toms River, NJ 08753

Contractor License No. or Builder Registration No. 13VH04402500 Exp. Date

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All 4/28/11		LW
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present X Merc. Proposed No Change Constr. Class Present II B Proposed No Change

No. of Stories 1, No Change

Height of Structure ~14', No Change ft.

Area — Largest Floor NO Change sq. ft.

New Bldg. Area/All Floors Ø sq. ft.

Volume of New Structure Ø cu. ft.

Max. Live Load Existing, No Change

Max. Occupancy Load Existing, No Change

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 5000
3. Total (1+ 2) $ 5000

U.C.C. F110 (rev. 11/09)
Internet version

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: Josh Ruple

Print name here: Josh Ruple

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Attaching faux brick/stone board to corners and lower 18" of front of building with furring strips and anchors (SEE CONSTRUCTION DETAILS). Painting existing brick to match.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[x] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11-1305

Date Issued / Permit # 05/09/11

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 702.02 Lot 14 Qualification Code _____

Work Site Location 101 Chambersbridge Road, Bricktown, NJ 08723

Owner in Fee: 7-ELEVEN

Tel. (770) 433.0169 e-mail N/A

Address 101 Chambersbridge Road, Bricktown, NJ 08723
(street, municipality, zip code)

Contractor: Quality Plus Construction Tel. (732) 288 0010

Address 873 Fischer Blvd e-mail _____
Toms River, NJ 08753

Contractor License No. or Builder Registration No. 13VH04402500 Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (_____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	4/28/11	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present X Merc. Proposed No Change Constr. Class Present II B Proposed No Change

No. of Stories 1, No Change

Height of Structure ~14', No Change ft.

Area — Largest Floor NO Change sq. ft.

New Bldg. Area/All Floors Ø sq. ft.

Volume of New Structure Ø cu. ft.

Max. Live Load Existing, No Change

Max. Occupancy Load Existing, No Change

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 5000
3. Total (1+ 2) $ 5000

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: Josh Ruple

Print name here: Josh Ruple

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Attaching faux brick/stone board to corners and lower 18" of front of building with furring strips and anchors (SEE CONSTRUCTION DETAILS). Painting existing brick to match.

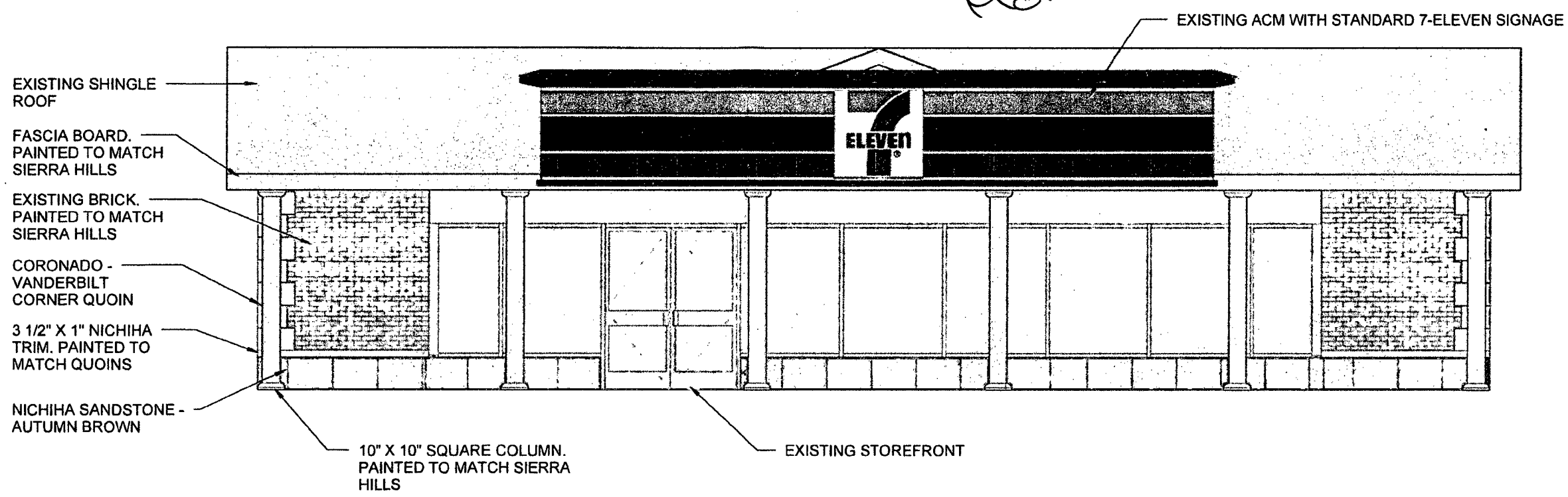
TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ _____

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

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

Note:
① Maintain a Clear Public Right of Way at all times.
② Flashing must be cut into Brick Mortar Joint



1 FRONT ELEVATION

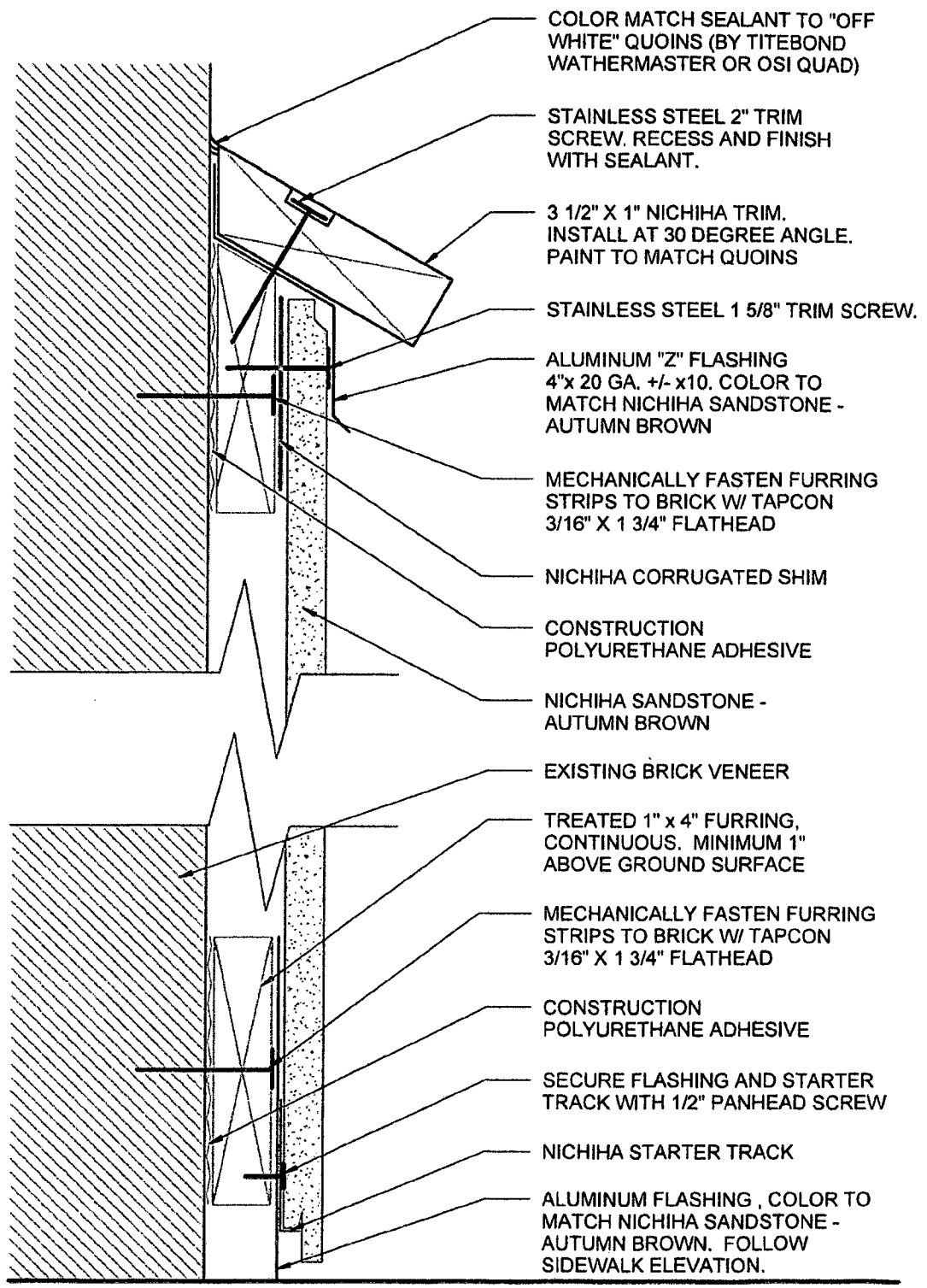
3/16" = 1'-0"

TOWNSHIP OF BRICK
RELEASED FOR PERMIT — INITIAL — DATE 4/28/11
Building Subcode
Fire Subcode
Electrical Subcode
Plan Reviewer
Plans Released
Construction Official
APR 14 2011

7-ELEVEN STORE REMODEL
FRONT ELEVATION
101 CHAMBERSBRIDGE RD
BRICKTOWN, NJ 08723-3481

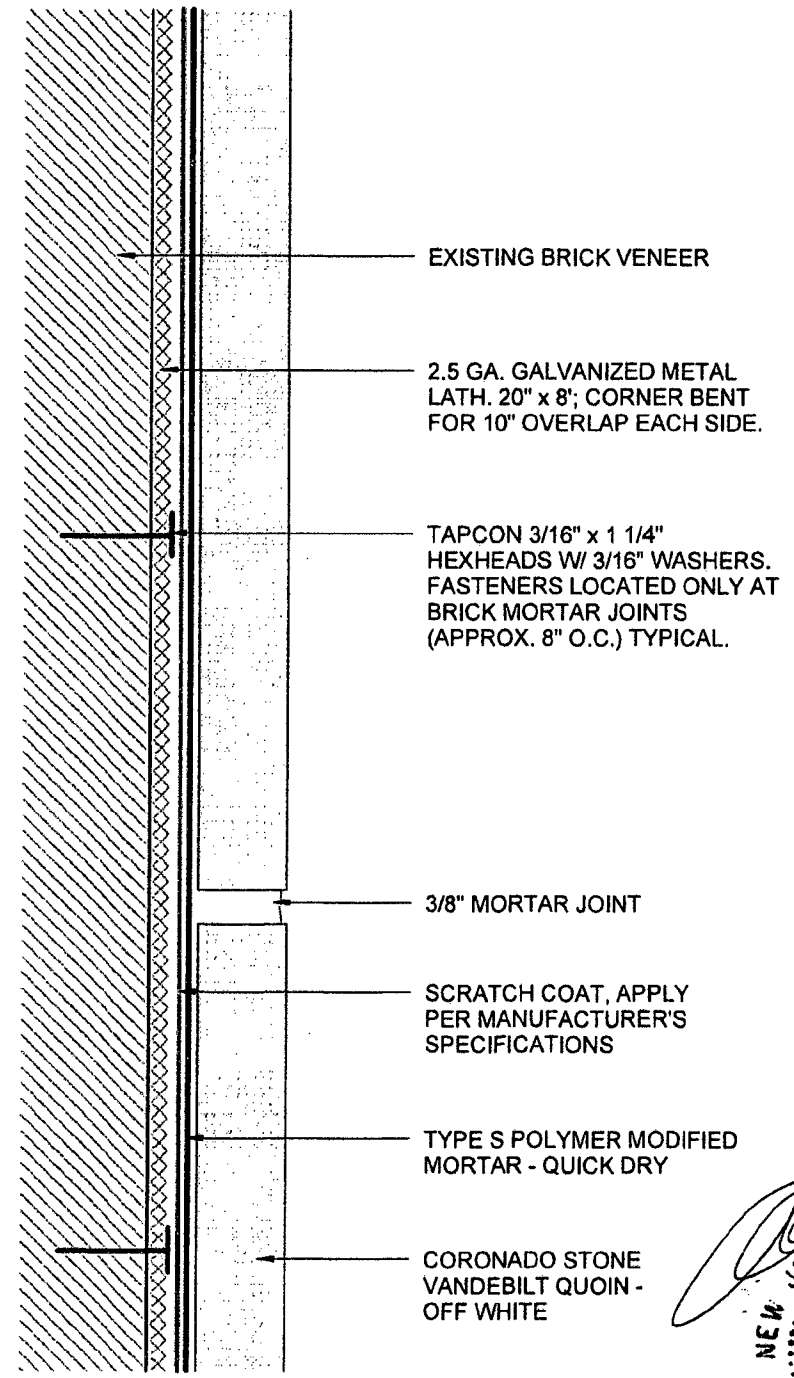
Office Set.

HFA ARCHITECTS ENGINEERS INTERIORS



1 WAINSCOT CAP DETAIL

N.T.S.



2 WALL SECTION THROUGH QUOINS

N.T.S.

STATE OF NEW JERSEY • JAMES O. FRENCH • REGISTERED ARCHITECT • 12613

APR 14 2011

7-ELEVEN STORE REMODEL
CONSTRUCTION DETAILS
101 CHAMBERSBRIDGE RD
BRICKTOWN, NJ 08723-3481

HFA ARCHITECTS ENGINEERS INTERIORS

Letter of Transmittal

U.S. PERMIT
"Permitting, Simplified"

United States Permit, LLC
Date: Monday, April 18, 2011

To: Dan Newman
Township of Brick
Municipal Building, Building Department
401 Chambers Bridge Road
Brick Township, NJ 08723

From: United States Permit, LLC
Nathan Bear
117 Hurt Drive SE
Smyrna, GA 30082
(p) 770.433.0169
(f) 888.316.0919
nathanbear@uspermit.net

Mr. Newman,

Enclosed please find:

- -(1) Signed & Completed New Jersey Construction Permit Application
- -(1) Owner Authorization Letter
- -(1) Set of MSDS Specifications (Nichiha Specs)
- -(3) Sets of Signed & Sealed Plans

REC'D APR 2 2011

The enclosed materials are for the 7-Eleven project, located:

101 Chambersbridge Road
Bricktown, NJ

Please contact me at the information below if there are any questions. Thank you for your assistance,

Nathan Bear
United States Permit

4/18/2011

117 Hurt Drive SE
Smyrna, GA 30082
(p) 770.433.0169
(f) 888.316.0919
nathanbear@uspermit.net
www.uspermit.net

March 31, 2011

To: Josh Ruple
Powerhouse Retail Services
301 East Main Street
Crowley, TX 76036
817-676-6957

From: Ed Fusco
Director, Gasoline and Remodel Construction
7-Eleven, Inc.
Store Support Center
972-828-6702

Subject: Permitting Agent Authorization – Colonial Update Project

Mr. Ruple,

Per our discussions, 7-Eleven has authorized the Colonial Update Project. As part of this initiative, minor project permitting may be required through the applicable jurisdictional agencies. By way of this letter, 7-Eleven as Owner authorizes Powerhouse as the Project Manager to secure such permits as 7-Elevens agent for this project.

Please give me a call with any questions. We look forward to our joint effort towards updating the store images associated with this project

Thanks,

Ed Fusco
7-Eleven, Inc.

NICHIHA
fiber cement

Material Safety Data Sheet
Nichiha Fiber Cement Products
Brick, Stone & Block Panels

I Contact

Manufactured by: Nichiha Corporation
Headquarters Address: 18-19 Nishiki 2-Chome, Naka-Ku
Nagoya, Aichi 460-8610 Japan
Telephone: 81-52-220-5111
Importer: Nichiha USA, Inc.
Address: 6599 Peachtree Industrial Boulevard, Suite AA
Norcross, GA 30092
Telephone: 770-805-9466
Emergency Phone: 770-805-9466

Date Prepared: 12/01/2009

II Hazardous Ingredients / Identity Information

Hazardous Components	CAS#	ACGIH TLV (mg/m^3) (resp./total)	NIOSH REL (mg/m^3) (resp./total)	OSHA PEL (mg/m^3) (resp./total)	Proportion (weight %)
Calcium Silicate	1344-95-2	NA/10	5/10	5/15	30~55
Natural Organic Fibers	9004-34-6	NA/10	NA/NA	5/15	10~20
Crystalline Silica (Quartz)	14808-60-7	0.025/NA	0.05/NA	10÷(%SiO2+2)* 30÷(%SiO2+2)**	3~18

*Respirable Total ** Total Dust
These PEL's were calculated using 29CFR§1910 (Code of Federal Regulation, "OSHA") Table Z-3, assuming dust generated contains 100% Silica (most conservative).

III Physical / Chemical Characteristics

Boiling Point: ..... N/A
Vapor Pressure (mm Hg): N/A
Vapor Density (AIR=1) .... N/A
Solubility in Water: ..... Nil
Specific Gravity (H2O=1): .....1.0±0.2
Melting Point: ..... N/A
Evaporation Rate (Butyl Acetate=1) N/A
Reactivity in Water: ..... Nil
Appearance and Odor: .... Sheet - No Odor

IV Fire and Explosion Hazard Data

Flashing Point: ..... N/A
Flammable Limits: ..... LEL: N/A UEL: N/A
Extinguishing Media: ..... N/A
Special Fire Fighting Procedures: ..... None
Unusual Fire and Explosion Hazard: ..... None

Reactivity Data & Health Hazard Data

V Reactivity Data

Stability:

Unstable	
Stable	X

Conditions to Avoid: ..... N/A

Incompatible (Materials to Avoid): ..... Strong Acids

Hazardous Decomposition Or Byproduct: ..... None

Hazardous Polymerization:

May Occur	
Will Not Occur	X

Conditions to Avoid: ..... N/A

VI Health Hazard Data

Warning Label Text:

This fiber cement product contains forms of silica and natural organic fiber. This product does not pose a cancer risk in the manufactured state. However, dust generated should be controlled, follow the recommendations on the MSDS. Inhalation of crystalline silica dust can cause silicosis and lung cancer.

Route(s) of Entry:

Inhalation? ..... Yes
Ingestion? ..... No
Skin? ..... No
Eyes? ..... Yes

Health Hazards (Acute and Chronic):

Acute - Dust may irritate upper respiratory system and may abrade skin and eyes. Chronic - dust may contain silica in both respirable and inhalable size fractions; exposure to crystalline silica causes silicosis, lung cancer and pose other significant health risks.

WARNING:

This product contains silica. Inhalation of crystalline silica dust can cause silicosis, a potentially disabling lung disease, which can elevate the risk of other diseases. When drilling, cutting, sawing, or abrading product during installation or handling, use best work practices to reduce airborne dust concentrations. Work outdoors where feasible, otherwise use mechanical ventilation when possible. Wear a dust mask or, if dust may exceed PEL, use NIOSH approved respirator, warn others in the area. For further information, refer to Material Safety Data Sheet or consult employer.

Carcinogenicity:

This product does not have a cancer risk in the manufactured state. Crystalline silica dust generated during handling and installation can cause lung cancer.

NTP? ..... Yes (respirable silica)
LARC Monograph? ..... Group I (silica)
OSHA Regulated? ..... Yes (silica dust)

Sign and Symptoms of Exposure:

Excessive exposure to product dust may cause upper respiratory irritation.

Medical Condition Generally Aggravated by Exposure:

Pre-existing upper respiratory or lung disease such as, but not limited to, bronchitis, emphysema, and asthma. Smoking can aggravate the effects of exposure to silica dust.

Emergency and First Aid Procedures:

Inhalation - remove to fresh air. Eyes and skin - flush with water, treat skin with moisturizer.

Precaution For Safe Handling and Use & Control Measures

VII Precaution For Safe Handling and Use

Steps to be taken in case material is released or spilled:

Vacuum clean dust using vacuum equipped with HEPA filter. Place dust in a closable container for disposal or flush with water. Do not dry sweep.

Waste Disposal Method:

Dispose in landfill. Comply with all local, state, and federal regulations. Waste generated during application, demolition, breakage or spillage are not classified hazardous wastes.

Precautions to be taken in handling and use:

Ventilation - Use sufficient natural or mechanical ventilation to reduce the dust below the PEL for both respirable and inhalable silica.

Other Precautions:

Wear goggles or face shield during cutting or fabricating. For personal protection measures, see Section VIII.

VIII Control Measures

Respiratory Protection:

Respirator with HEPA cartridge as approved by NOISH/OSHA. Personnel wearing air purifying respirators should fit-test respirators in compliance with a written respiratory protection program in accordance with OSHA regulations, see 29 CFR§1910.134 and 42 CFR§84. In addition, in circumstances in which the occupational exposure limit may be exceeded, always use the recommended protected device.

Ventilation

Local Exhaust: ..... As Appropriate
Special: ..... None
Mechanical: ..... As Appropriate
Other: ..... None

(When cutting this product, use a circular saw with dust collector with HEPA vacuum.)

Protective Gloves: ..... For comfort
Eye Protection: ..... Safety Glasses
Other Protective Clothing or Equipment: ..... None

Work/Hygienic Practices:

Avoid creating and breathing dust. Practice good housekeeping to prevent dust accumulation and properly clean up dust spills. Wash or vacuum clothing which has become dusty.

The forgoing information is believed to be accurate as of the date of this document; however, no warranty or representation with respect to this information is intended or given. Nichiha USA, Inc. accepts no responsibility and disclaims all liability for any harmful effects which may be attributed to exposure of silica. Customer users of our products must comply with all applicable health and safety laws, regulations and others, including the OSHA Hazard Communication Standard.

Nichiha USA, Inc.
6659 Peachtree Industrial Boulevard, Suite AA, Norcross GA 30092
Toll Free: 1.86 NICHIHA 1 (1.866.424.4421)
Phone: 770.805.9466 Fax: 770.805.9467
nichiha.com

NICHIHA fiber cement

NICHIHA FIBER CEMENT BUILDING PRODUCT
MATERIAL SAFETY DATA SHEET

Identity : Nichiha KuraStone

Section I

Manufactured by : NICHIHA DECORATION BM (JIAXING) CO.,LTD.

Address : No.321 Wa Shan Road, Zhapu Development Zone, Jiaxing, China, 314201

Telephone No. for information :

Importer : Nichiha USA, Inc.

Address : 6659 Peachtree Industrial Boulevard, Suite-AA, Norcross, GA 30092

Emergency Telephone No. : 770-805-9466

Date Prepared : 12/01/2009

Section II - Hazardous Ingredients and Exposure Controls

Hazardous Components	CAS#	ACGIH TLV (mg/m^3) (resp./ total)	NIOSH REL (mg/m^3) (resp./ total)	OSHA PEL (mg/m^3) (resp./ total)	Proportion (weight %)
Crystalline Silica (Quartz)	14808-60-7	0.025/NA	0.05/NA	respirable 10÷(%SiO2+2) total 30÷(%SiO2+2)	15~40
Calcium Carbonate	471-34-1	NA/10	5/10	5/15	5~25
Calcium Hydrate	1305-62-0	NA/5	NA/5	5/15	2~25
Calcium Silicate (Hydrate)	1344-95-2	NA/10	5/10	5/15	10~25
Fibrous Glass	65997-17-3	NA/5	NA/5	5/15	0~3
Iron Oxide	1309-37-1	NA/5	NA/5	NA/10	0~3
Titanium Dioxide	13463-67-7	NA/10	NA/15	NA/15	0~3
Mica	12001-26-2	3/NA	3/NA	NA/20 (mppcf)	0~1
Non-hazardous Ingredients	N/A	-	-	-	5~15

Section III - Physical / Chemical Characteristics

Boiling Point: N/A

Specific Gravity (H^2O=1): 1.9 ± 0.1

Vapor Pressure (mm Hg): N/A

Melting Point: N/A

Vapor Density (AIR=1): 1.9 ± 0.1

Evaporation Rate (Butyl Acetate=1): N/A

Solubikity in Water: Nil

Reactivity in Water: Nil

Appearance and Odor: Sheet - No odor.

Section IV - Fire and Explosion Hazard Data

Flashing Point: N/A

Flammable Limits:

LEL: N/A

UEL: N/A

Extinguishing Media: N/A

Special Fire Fighting Procedures: None

Unusual Fire and Explosion Hazard: None

NICHIHA FIBER CEMENT BUILDING PRODUCT
MATERIAL SAFETY DATA SHEET

Section V - Reactivity Data

Stability:

Unstable	
Stable	X

Conditions to Avoid: N/A

Incompatible (Materials to Avoid): Strong acids

Hazardous Decomposition or Byproduct: None

Hazardous Polymerization:

May occur	
Will not occu	X

Conditions to Avoid: N/A

Section VI - Health Hazard Data

Warning Label Text: This fiber cement product contains forms of silica and fibrous glass. This product does not pose a cancer risk in the manufuctured state. However, dust generation should be controled, follow the recommendation on the MSDS. Inhalation of crystalline silica dust can cause silicosis and lung cancer.

Route(s) of Entry:				
	Inhalation?	Yes	Skin?	No
	Ingestion?	No	Eyes?	Yes

Health Hazards (Acute and Chronic): Acute - Dust may irritate upper respiratory system and may abrade skin and eyes. Chronic - Dust may contain silica in both respirable and inhalable size fractions; exposure to crystalline silica cause silicosis, lung cancer and pose other significant health risk.

--WARNING--

Silica Dust Warning: NICHIHA products contain crystalline silica [a.k.a. sand, silicon dioxide], which is a common Earth's naturally occurring mineral. Inhalation of crystalline silica into the lungs and repeated exposure to silica, can cause health disorders, such as silicosis, lung cancer, or a potentially death depending upon various factors. To be conservative, Nichiha recommends that whenever drilling, cutting, sawing, sanding or abrading the product, users must observe the following safety practices. 1] Use best work practices to reduce airborne dust concentrations. 2] Use a fiber cement circular saw with a dust collector for cutting (e.g., Makita 5057KB). The dust collector must be connected to a HEPA vacuum. 3] Do not use compressed air for cleaning dust. 4] Work outdoors where feasible, otherwise use mechanical ventilation. 5] Everyone handling Nichiha products or in the vicinity of others using Nichiha products must wear safety glasses and properly fitted respirators prior to handling Nichiha products. Nichiha requires that users wear a **NIOSH/OSHA approved respirator with a rating of N100, O100, P100, or R100** in accordance with applicable government regulations and manufacturer instructions. 6] All employers must comply with the OSHA PEL and ACGIH TLV-TWA. 7] Warn others in area. These requirements are designed to help minimize exposure to crystalline silica. We also require that you read all instructions and warnings [including MSDS] prior to using NICHIHA's products. For further information or questions, please consult the MSDS or your employer. The MSDS for Nichiha products are available at nichiha.com, at your local

Carcinogenicity: This product does not have a cancer risk in the manufuctured state. Crystalline silica dust generated during handling and installation can cause lung cancer.

NTP?	LARC Monograph?	OSHA Regulated?
Yes (respirable silica)	Group I (silica)	Yes (silica dust)

Sings and Symptoms of Exposure: Excessive exposure to product dust may cause upper respiratory irritation.

Medical Condition Generally Aggravated by Exposure: Pre-existing upper respiratory or lung disease such as, but not limited to, bronchitis, emphysema, and asthma. Smoking can aggravate the effects of exposure to silica dust.

Emergency and First Aid Procedures: Inhalation - remove to fresh air. Eyes and skin - flush with water, treat skin with moisturizer.

NICHIHA FIBER CEMENT BUILDING PRODUCT
MATERIAL SAFETY DATE SHEET

Section Ⅶ - Precaution For Safe Handling and Use

Steps to be taken in case material is released or spilled: Vacuum clean dust using a vacuum equipped with a HEPA filter. Place dust in a closable container for disposal or flush with water. Do not dry sweep.

Waste Disposal Method: Dispose in landfill. Comply with all local, state, and federal reguration. Waste generated during application, demolition, breakage or spillage are not classified hazardous wastes.

Precautions to be taken in handling and use: Ventilation - Use sufficient natural or mechanical ventilation to reduce the dust below the PEL for both respirable and inhalable silica.

Other Precautions: Wear goggles or face shield during cutting or fabricating. For personal protection measures, see Section Ⅷ.

Section Ⅷ - Control measures

Respiratory Protection: Resipirator with HEPA cartridge as apprpved by NOISH/MSHA. Personal wearing air purifying respirators should fit-test respirators in compliance with a written respiratory protection program in accordance with OSHA regulations, see 29 CFR§1910.134 and 42 CFR§84. In additionally, in circumstances in which the occupational exposure limit may be exceeded always use the recommended protective device.

Ventilation:	Local Exhaust: As Appropriate	Special: None
	Mechanical: As appropriate	Other: None
	(Cut this product with a power saw equipped with vacuum dust catcher.)	

Protective gloves: For comfort Eye Protection: Safety Glasses

Other Protective Clothing or Equipment: None

Work/Hygienic Practices: Avoid creating and breathing dust. Practice good house-keeping to prevent dust accumulation and properly clean up dust spills. Wash or vacuum clothing which has become dusty.

The foregoing information is believed to be accurate as of the date of this document; however, no waranty or representation with respect to this information is intended or given. Nichiha USA, Inc. accepts no responsibility and disclaim all liability for any harmful effects which may be attributed toexposure of silica. Customer users of our products must comply with all applicable health andsafety laws, regulation and others, including the OSHA Hazard Communication Stadard.

CORONADO
STONE PRODUCTS

MATERIAL SAFETY DATA SHEET

FILE NUMBER: 001

Material Name: Coronado Stone Veneer

SECTION 1: PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME: Precast Stone Veneer
SYNONYMS: N/A
PRODUCT CODES: N/A

MANUFACTURER: Coronado Stone Products

ADDRESS: 11191 Calabash Ave. Fontana, CA 92337

EMERGENCY PHONE: (909) 357-8295 (7:00am- 5:00pm PST M-F)
FAX PHONE: (909) 357-7362

SECTION 2: COMPOSITION/INFORMATION ON INGREDIENTS

INGREDIENT:	Portland Cement	Pumice and Lightweight Aggregate	Sand and Aggregate	Metal Oxide Pigments
CAS NO.	65-997-15-1	1332-09-8	14808-60-7	1309-37-1
OSHA PEL:	15mg/m^3	30mg/m^3 ÷ (%SiO_2+2)	30mg/m^3 ÷ (%SiO_2+2)	10mg/m^3
ACGIH TLV:	10mg/m^3	N/A	N/A	5mg/m^3

Component Related Regulatory Information: This material contains crystalline silica and various iron oxide pigments.

Component information/ Information on Non-Hazardous Components: As provided, this product is expected to produce minimal, if any hazards. However, if dusts are generated, these components may be present; this product would be considered hazardous under 29 CFR 1910.1200 (Hazard Communication).

SECTION 3: HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW: No unusual conditions are expected from this product. Inhalation of dusts produced during cutting, sanding or grinding of this product may cause irritation of the respiratory tract.

ROUTES OF ENTRY: Inhalation, skin contact, eye contact, ingestion.

POTENTIAL HEALTH EFFECTS:

EYES: Dust from this product may cause slight irritation to the eyes including redness, blurred vision and tearing.

SKIN: Dust from this product may cause itching, rash and short- term irritation.

INGESTION: Ingestion of this product may produce gastrointestinal irritation and disturbances; however, ingestion of this product is unlikely.

INHALATION:
Dusts from this product may cause irritation of the nose, throat and respiratory tract. This product contains crystalline silica. Prolonged and repeated inhalation of respirable crystalline silica may cause a chronic lung disease called silicosis. This disease is characterized by fibrosis and scarring of the lung tissue which can result in a decrease in lung function, breathlessness, wheezing, coughing and sputum production. Short- term overexposure to extremely high concentrations of respirable crystalline silica can produce acute silicosis. Acute silicosis is a disease that can rapidly progress within months of initial overexposure and reportedly has caused death within 1 to 2 years.

ACUTE HEALTH HAZARDS: Irritation, itching, coughing, wheezing.

CHRONIC HEALTH HAZARDS: Silicosis as a result of extremely high concentration exposures.

MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE: Chronic respiratory or skin conditions may temporarily worsen from exposure to dust from this product.

CARCINOGENICITY:

General Product Information

CRYSTALLINE SILICA: The International Agency for Research on Cancer (IARC) recently reviewed existing epidemiological data and concluded that crystalline silica inhaled in the form of quartz from occupational sources is a known human carcinogen (Group 1). In making the assessment, the IARC noted that carcinogenicity was not detected in all industrial circumstances studied. However, IARC reported that a majority of studies indicated an elevated mortality for lung cancer among silica-exposed workers. IARC noted that increased rates of lung cancer were reported among some workers in ore mines, quarries, foundries, ceramics, granite and stone cutting industries. The workers in some of these occupational studies were exposed to other potential respiratory carcinogens such as arsenic, radon, diesel exhaust, polycyclic aromatic hydrocarbons or cadmium. The IARC reviewed animal studies and concluded that there is sufficient evidence in experimental animals for the carcinogenicity of quartz.
Silica-crystalline quartz has resulted in liver, blood, and lung tumors in rats by inhalation, intraperitoneal and intravenous injection, intratracheal and intrapleural administration.

Component Carcinogenicity

ACGIH, IARC, OSHA, and NTP carcinogen lists have been checked for those components with CAS registry numbers.

Iron oxide (1309-37-1)

ACGIH: A4 - Not Classifiable as a Human Carcinogen (dust and fume, as Fe)

IARC: Supplement 7, 1987; Monograph 1, 1972 (Group 3 (not classifiable))

Quartz (14808-60-7)

ACGIH: A2 - Suspected Human Carcinogen

NTP: Known Carcinogen (Select Carcinogen)

IARC: Monograph 68, 1997; (inhaled in the form of quartz or cristobalite from occupational sources) (Group 1 (carcinogenic to humans))

SECTION 4: FIRST AID MEASURES

EYES:

- Immediately flush eyes with copious amounts of water for at least 15 minutes.
- If irritation persists, seek medical attention.

SKIN:

- Flush skin with large amounts of water.
- If irritation persist, seek medical attention.

INGESTION:

- Ingestion of this material is unlikely.
- If ingestion does occur, watch the person for several days to make sure that partial or complete intestinal obstruction does not occur.
- Do not induce vomiting unless directed to do so by medical personnel.

INHALATION:

- If inhaled, immediately relocate the affected person to fresh air.
- If irritation persists, seek medical attention.

SECTION 5: FIRE-FIGHTING MEASURES

FLAMMABLE LIMITS IN AIR, (% BY VOLUME) **UPPER:** N/A **LOWER:** N/A

FLAMMABILITY CLASSIFICATION: Non- Flammable

FLASH POINT: None

AUTOIGNITION TEMPERATURE: N/A

EXTINGUISHING MEDIA: This product is non-combustible. Use any extinguishing media appropriate for the surrounding fires.

SPECIAL FIRE FIGHTING PROCEDURES: None identified

UNUSUAL FIRE AND EXPLOSION HAZARDS: None identified

SECTION 6: ACCIDENTAL RELEASE MEASURES

ACCIDENTAL RELEASE MEASURES:

CONTAINMENT PROCEDURES: Scoop up materials and put into a suitable container for disposal as a non-hazardous waste. Dust from dry cutting, sawing, grinding, sanding or drilling of this material will settle out of the air. If concentrated on land, it can be scooped up for disposal as a non-hazardous waste.

CLEAN-UP PROCEDURES: Wear appropriate PPE during cleanup. While avoiding generating dust during clean up, gather material and place it in appropriate containers for disposal. Spill area should then be washed thoroughly.

SECTION 7: HANDLING AND STORAGE

HANDLING PROCEDURES:
No special procedures are required for this material. Care should be taken to minimize the generation of dusts and avoid breathing dusts if they are produced. Contact with eyes and skin should be avoided.

STORAGE PROCEDURES: No special procedures are required for this material.

SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION

EXPOSURE GUIDELINES: *Permissible exposure levels for this product must be defined in the workplace due to the combination of silica and* other constituents and condition of use. Unless otherwise specified, limits are expressed as eight-hour time-weighted averages (TWA).

VENTILATION: General dilution ventilation and/or local exhaust ventilation should be provided as necessary to maintain exposures below occupational exposure limits.

RESPIRATORY PROTECTION: A properly fitted NIOSH approved dust respirator or equivalent should be used in any dust environment and/or when mechanically altering product (sawing, cutting, drilling or other similar dust generating process). Use respiratory protection in accordance with your company's respiratory protection program, local regulations and OSHA regulations under 29 CFR 1910.134.

EYE PROTECTION: Safety glasses with side shields should be worn. Dust goggles should be worn in excessively dusty conditions. (See ANSI Z87.1).

SKIN PROTECTION: Wear leather/ PVC or other appropriate work glove for type of operation.

OTHER PROTECTIVE CLOTHING OR EQUIPMENT: Wear appropriate foot protection that complies with ANSI Z41 (latest edition).

WORK HYGIENIC PRACTICES: *Avoid creating and breathing dust. Do not eat, drink or smoke in work areas.*

SECTION 9: PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE: Cured concrete product of various shapes, sizes and colors.

ODOR: Not Applicable

PHYSICAL STATE: Solid

pH AS SUPPLIED: Not Applicable
pH (Other): Not Applicable
BOILING POINT: Not Applicable

MELTING POINT: Not Applicable

FREEZING POINT: Not Applicable

VAPOR PRESSURE (mmHg): Not Applicable

VAPOR DENSITY (AIR = 1): Not Applicable

SPECIFIC GRAVITY (H2O = 1): Not Applicable

EVAPORATION RATE: Not Applicable

SOLUBILITY IN WATER: Not Applicable

PERCENT VOLATILE: Not Applicable

SECTION 10: STABILITY AND REACTIVITY

STABILITY: This is a stable material.

CONDITIONS TO AVOID: Avoid dispersion of dust in air.

INCOMPATIBILITY: None expected

HAZARDOUS DECOMPOSITION OR BY-PRODUCTS: None Identified

HAZARDOUS POLYMERIZATION: Will not occur

SECTION 11: TOXICOLOGICAL INFORMATION

TOXICOLOGICAL INFORMATION:

- Dusts from cutting and drilling may cause mechanical irritation to eyes and skin.
- Ingestion may cause transient irritation of throat, stomach and gastrointestinal tract.
- Inhalation may cause coughing, nose and throat irritation, and sneezing.
- Higher exposures may cause difficulty breathing, congestion, and chest tightness.

COMPONENT ANALYSIS - LD50/LC50

No LD50/LC50's are available for this product's components.

CARCINOGENICITY: See section 3 (Hazards Identification).

SECTION 12: ECOLOGICAL INFORMATION

ECOLOGICAL INFORMATION: No data available for this product.

SECTION 13: DISPOSAL CONSIDERATIONS

WASTE DISPOSAL METHOD: Precast Stone Veneer scrap is classified as a non-hazardous solid waste disposal. Dispose of in accordance with existing federal, state and local environmental regulations.

RCRA HAZARD CLASS: Scrap Precast Stone Veneer as supplied do not meet any of the RCRA characteristics of hazardous waste (ignitable, corrosive, reactive or toxic), nor are they listed hazardous waste [40 CFR §261].

SECTION 13 NOTES: Dispose of packaging material by either recycling or at an appropriate landfill.

SECTION 14: TRANSPORT INFORMATION

U.S. DEPARTMENT OF TRANSPORTATION
PROPER SHIPPING NAME: Not regulated for transport.
HAZARD CLASS: None
ID NUMBER: None
PACKING GROUP: None
LABEL STATEMENT: None

TDG Information
PROPER SHIPPING NAME: Not regulated for transport.
HAZARD CLASS: None
ID NUMBER: None
PACKING GROUP: None
LABEL STATEMENTS: None

SECTION 14 NOTES: No additional information available.

SECTION 15: REGULATORY INFORMATION

U.S. FEDERAL REGULATIONS:
General Product Information
No information available for the product.

Component Analysis
None of this product's components are listed under SARA Section 302 (40 CFR 355 Appendix A), SARA Section 313 (40 CFR 372.65), or CERCLA (40 CFR 302.4).

SARA 311/312 HAZARD CATEGORIES:

Acute Health Hazard:	Yes (If dusts are generated)
Chronic Health Hazard:	Yes (If dusts are generated)
Fire Hazard:	No
Sudden Release of Pressure Hazard:	No
Reactive Hazard:	No

CLEAN AIR ACT

None of this product's components are listed on the Clean Air Act-1990 Hazardous Air Pollutants List.

STATE REGULATIONS:

A: General Product Information: No additional information available.

B: **Component Analysis- State: The following components appear on one or more of the following states hazardous substance lists:**

Component	CAS#	CA	FL	MA	MN	NJ	PA
Iron Oxide	1309-37-1	Yes	Yes	Yes	Yes	Yes	Yes
Quartz	14808-60-7	Yes	Yes	Yes	Yes	Yes	Yes

Other Regulations- California

The following statement(s) are provided under the California Safe Drinking Water and Toxic Enforcement Act of 1986 (Proposition 65).

Warning: **This product contains chemicals known to the State of California to cause cancer, birth defects, or other reproductive harm.**

SECTION 16: OTHER INFORMATION

HMIS and NFPA Hazard Rating	Category	HMIS	NFPA
	Health	1*	1
	Flammability	0	0
	Reactivity	0	0

NFPA Unusual Hazards: None

HMIS Personal Protection: To be supplied by user depending upon use.

DISCLAIMER: Reasonable care has been taken in the preparation of this information. In addition, the manufacturer makes no warranty of merchantability or any other warranty, expressed or implied, with respect to this information. The manufacturer makes no representations and assumes no liability for any direct, incidental or consequential damages resulting from its use.

Key/Legend:

EPA = Environmental Protection Agency; TSCA = Toxic Substance Control Act; ACGIH = American Conference of Governmental Industrial Hygienists; IARC = International Agency for Research on Cancer; NIOSH = National Institute for Occupational Safety and Health; NTP = National Toxicology Program; OSHA = Occupational Safety and Health Administration, NFPA = National Fire Protection Association; HMIS = Hazardous Material Identification System; CERCLA = Comprehensive Environmental Response, Compensation and Liability Act; SARA = Superfund Amendments and Reauthorization Act; DSL = Canadian Domestic Substance List; EINECS = European Inventory of New and Existing Chemical Substances; WHMIS = Workplace Hazardous Materials Information System; CAA = Clean Air Act

Revision Summary: This is a revised MSDS which replaces all previous Material Safety Data Sheets for this product.

Obtain a copy of Coronado Stone Product MSDS sheet by calling (909) 357-8295 or sending a fax request to (909) 357-7362.

This is the end of MSDS # 001.