

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

Please Read Application And Notes, If Any, Attached

Permit No. 06-0554
PERMIT ISSUED
DEC 13 2006
CITY OF PORTLAND

This is to certify that SCHNEIDER VERONICA HAWN BOULET JTS

has permission to new signage 3 signs 8" x 8', ' x 60" x 5'

AT 522 WASHINGTON AVE

429 J00300

provided that the person or persons firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Classification of inspection must be given and when permission procured before this building or part thereof is occupied or service closed-in. 4
YOUR NOTICE REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Thomas M. Mahoney 12/12/06
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 06-1754	Issue Date:	CBL: 429 J003001
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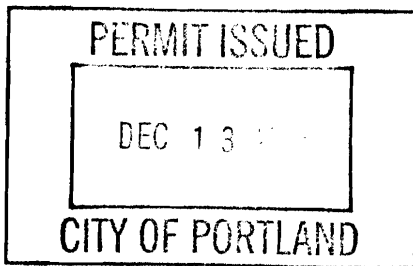
Location of Construction: 522 WASHINGTON AVE	Owner Name: SCHNEIDER VERONICA & SHA	Owner Address: PO BOX 8316	Phone:
Business Name: Green Tree Realty	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone: 207-772-4242	Permit Type: Signs - Permanent	Zone: B2

Past Use: commercial	Proposed Use: Commercial- Office - new signage 3 signs 8" x 8" , 48" x 60", 24" x 30" 81" x 96"	Permit Fee: \$88.00	Cost of Work: \$88.00	CEO District: 4
Proposed Project Description: new signage 3 signs 8" x 8" , 48" x 60", 24" x 30" 81" x 96"		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group <i>Commercial</i> type: <i>SB</i> <i>IBC 2003</i> Signature: <i>Jm 12/12/06</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		

Permit Taken By: Idobson	Date Applied For: 12/05/2006	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied
OK Date: <i>12/12/06</i> <i>ABN</i>	Date: _____	Date: _____



CERTIFICATION

I hereby certify that I am the owner of record of the named property, or 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 authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

_____	Footing/Building Location Inspection:	Prior to pouring concrete
_____	Re-Bar Schedule Inspection:	Prior to pouring concrete
_____	Foundation Inspection:	Prior to placing ANY backfill
_____	Framing/Rough Plumbing/Electrical:	Prior to any insulating or drywalling
_____	Final/Certificate of Occupancy:	Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects **DO** require a final inspection

~~_____~~ If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

~~_____~~ CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

~~_____~~
Signature of Applicant/Designee

~~_____~~
Date

~~_____~~
Signature of Inspections Official

~~_____~~
Date

CBL: 429 J 003

Building Permit #: 06-1754



Signage/Awning Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>522 Washington Avenue</u>		
Tax Assessor's Chart, Block & Lot Chart# <u>429</u> Block# <u>J</u> Lot# <u>03</u>	Owner: <u>Shawn Boulet</u> <u>Veronica Schneider</u>	Telephone: <u>207-772-4242</u>
Lessee/Buyer's Name (If Applicable)	Contractor name, address & telephone:	Total s.f. of signage x \$2.00 <u>717 x 2 = 1434</u> Per s.f. plus \$30.00/\$65.00 <u>32</u> For H.D. signage= Total <u>158</u> Fee: \$ _____ Awning Fee= cost of work _____ Total Fee: \$ _____

Who should we contact when the permit is ready: Veronica Schneider phone: 207-838-4034 or 772-4242

Tenant/allocated building space frontage (feet): Length: _____ Height: _____
Lot Frontage (feet) _____ Single Tenant or Multi Tenant Lot single

Current Specific use: Real Estate Office
If vacant, what was prior use: _____
Proposed Use: _____

Information on proposed sign(s): attached to deck.

Freestanding (e.g., pole) sign? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Dimensions proposed: <u>24" x 30"</u>	Height from grade: <u>7' (6.4')</u>
Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Dimensions proposed: <u>8' x 8'</u>	

Proposed awning? Yes No Is awning backlit? Yes No

Height of awning: _____ Length of awning: _____ Depth: _____

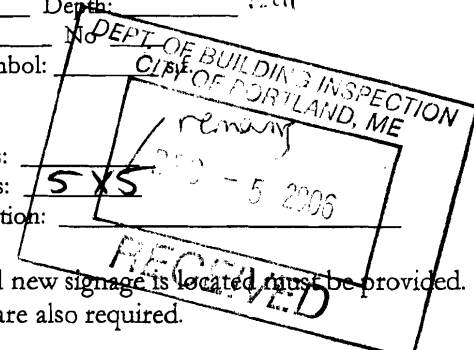
Is there any communication, message, trademark or symbol on it? Yes No

If yes, total s.f. of panels w/communications, message, trademark or symbol: _____

Information on existing and previously permitted sign(s): N/A

Freestanding (e.g., pole) sign? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Dimensions: _____
Bldg. wall sign? (attached to bldg) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Dimensions: <u>5' x 5'</u>
Awning? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sq. ft. area of awning w/communication: _____

A site sketch and building sketch showing exactly where existing and new signage is located must be provided. Sketches and/or pictures of proposed signage and existing building are also required.



Please submit all of the information outlined in the Sign/Awning Application Checklist. Failure to do so may result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>Veronica Schneider</u>	Date: <u>12/4/06</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 06-1754	Date Applied For: 12/05/2006	CBL: 429 J003001
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Location of Construction: 522 WASHINGTON AVE	Owner Name: SCHNEIDER VERONICA & SHA	Owner Address: PO BOX 8316	Phone:
Business Name: Green Tree Realty	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone: 207-772-4242	Permit Type: Signs - Permanent	

Proposed Use: Commercial- Office - new signage - 2 building signs 81" x 96" & 48" x 60" & one free standing sign 24" x 30"	Proposed Project Description: new signage - 2 building signs 81" x 96" & 48" x 60" & one free standing sign 24" x 30"
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Dept: Zoning	Status: Approved	Reviewer: Ann Machado	Approval Date: 12/12/2006	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Building	Status: Approved with Conditions	Reviewer: Tom Markley	Approval Date:	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.				
2) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.				

Comments:

12/7/2006-amachado: Left message for Veronica Snyder. Need to know size of sign on side of building between the windows. Need to know how tall the 24" x 30" sign is from grade and how far back. Need to know where the 48" x 60" sign is going on the rail area and how it will be attached.

FLOOD HAZARD INFORMATION

FILE NUMBER: 28844 FLOOD MAP COMMUNITY NO.: 230051 ZONE: X

ATTORNEY: NOT APPLICABLE OR NOT AVAILABLE 0039 PANEL: 0007 C DATED: 12/8/1998

TITLE COMPANY: TITLE ONE SETTLEMENT SERVICES, LLC

TITLE REFERENCE

DEED BOOK: 15786 PAGE: 111

LENDER: MAINE MORTGAGE SERVICES

PLAN BOOK: N/A PAGE: N/A LOT(S): N/A

OWNER: NEPTUNE PROPERTIES, LLC

PLAN NUMBER: N/A OF N/A

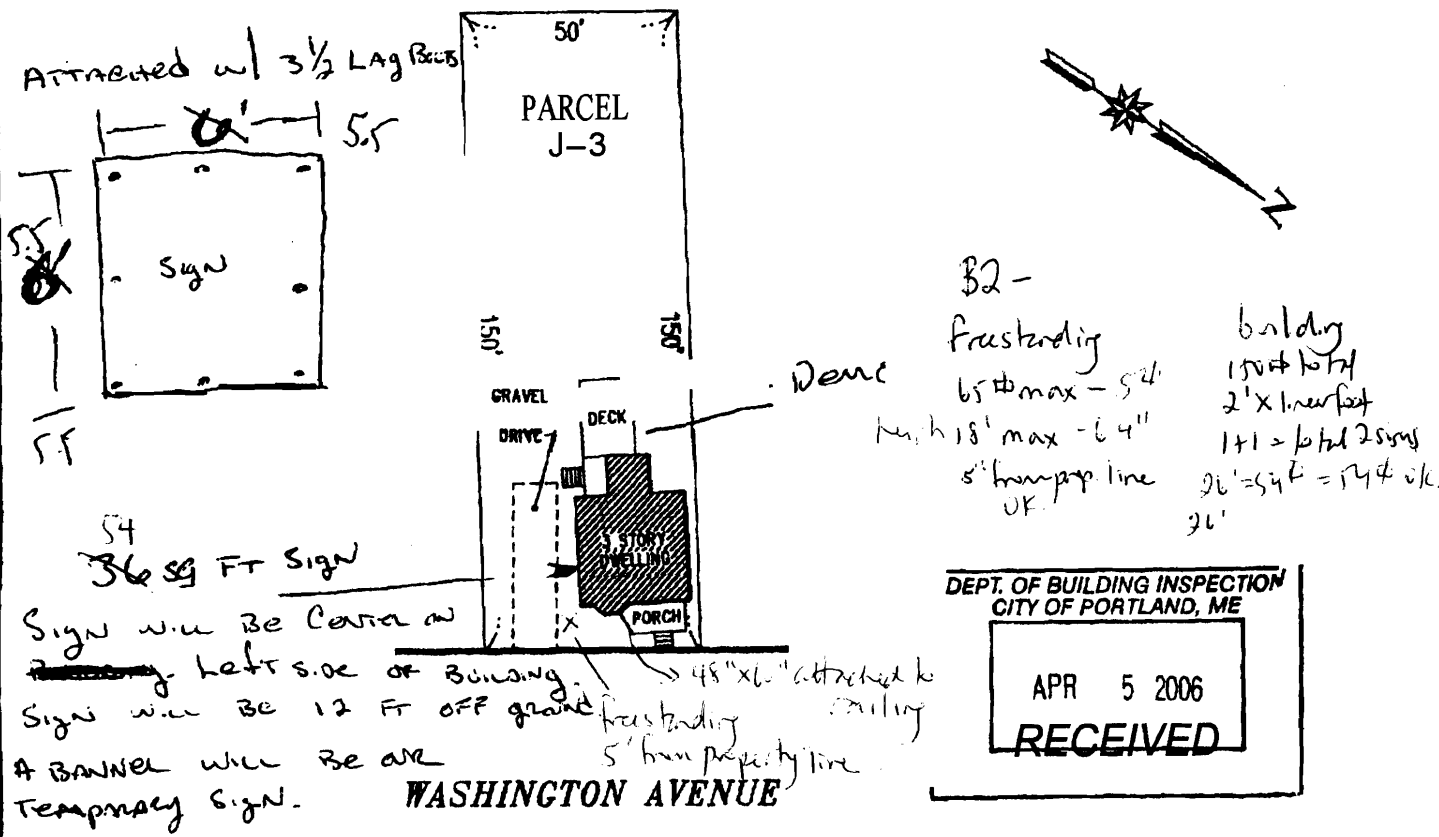
APPLICANT: VERONICA SCHNEIDER AND SHAWN BOULET

ASSESSORS MAP

DATE: 3/21/2006 SCALE: 1"=40' MAP: 429 BLOCK: J PARCEL: 3

MORTGAGE INSPECTION PLAN

522 WASHINGTON AVENUE, PORTLAND, ME 26x2=54ft



MORTGAGE LENDER USE ONLY

THIS IS NOT A BOUNDARY SURVEY.

THIS IS THE RESULT OF TAPE MEASUREMENT, NOT THE RESULT OF AN INSTRUMENT SURVEY AND IS CERTIFIED TO THE TITLE INSURANCE COMPANY AND ABOVE LISTED ATTORNEY AND LENDER.

THERE ARE NO DEEDED EASEMENTS IN THE ABOVE REFERENCES

SURVEYING ENGINEERING LAND PLANNING

Northeast Civil Solutions

INCORPORATED

163 US ROUTE 1, SCARBOROUGH, MAINE 04074

From: "Michele Frank" <Michele@greentreerealtymaine.com>
To: <amachado@portlandmaine.gov>
Date: 12/8/2006 1:20:36 PM
Subject: Signage

Hi Ann,

The large sign for the side of the building will be reduced to 54 Sq ft as instructed. Please see attachment for other sign locations and dimensions.

Thanks

Michele Frank
Green Tree Realty
Office (207) 772-4242
Fax (207) 772-4244

was 8' x 8'
now?

- I need dimensions of 54's sign
- picture of front of house where sign goes & dimension of front of house
- height from sidewalk that sign from sidewalk.

From: "Michele Frank" <Michele@greentreerealtymaine.com>
To: <amachado@portlandmaine.gov>
Date: 12/12/2006 12:55:56 PM
Subject: Permit

Hi Ann,

I think I have all the info you requested. please let me know.

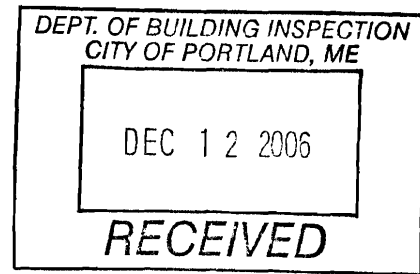
The large sign has been changed to 81 x 96 (54 Sq. Ft)
The post has been moved back 5 feet from the grass line
The post measures 77"
The front of the building measures 319" long

See attachment for placement of signs. If you can't make them out I can bring it in.

Thanks

Michele Frank
Green Tree Realty
522 Washington Ave
Portland, Maine 04103
Office (207) 772-4242
Fax (207) 772-4244

email: michele@greentreerealtymaine.com





Green REALTY

RESIDENTIAL - COMMERCIAL
INVESTMENT

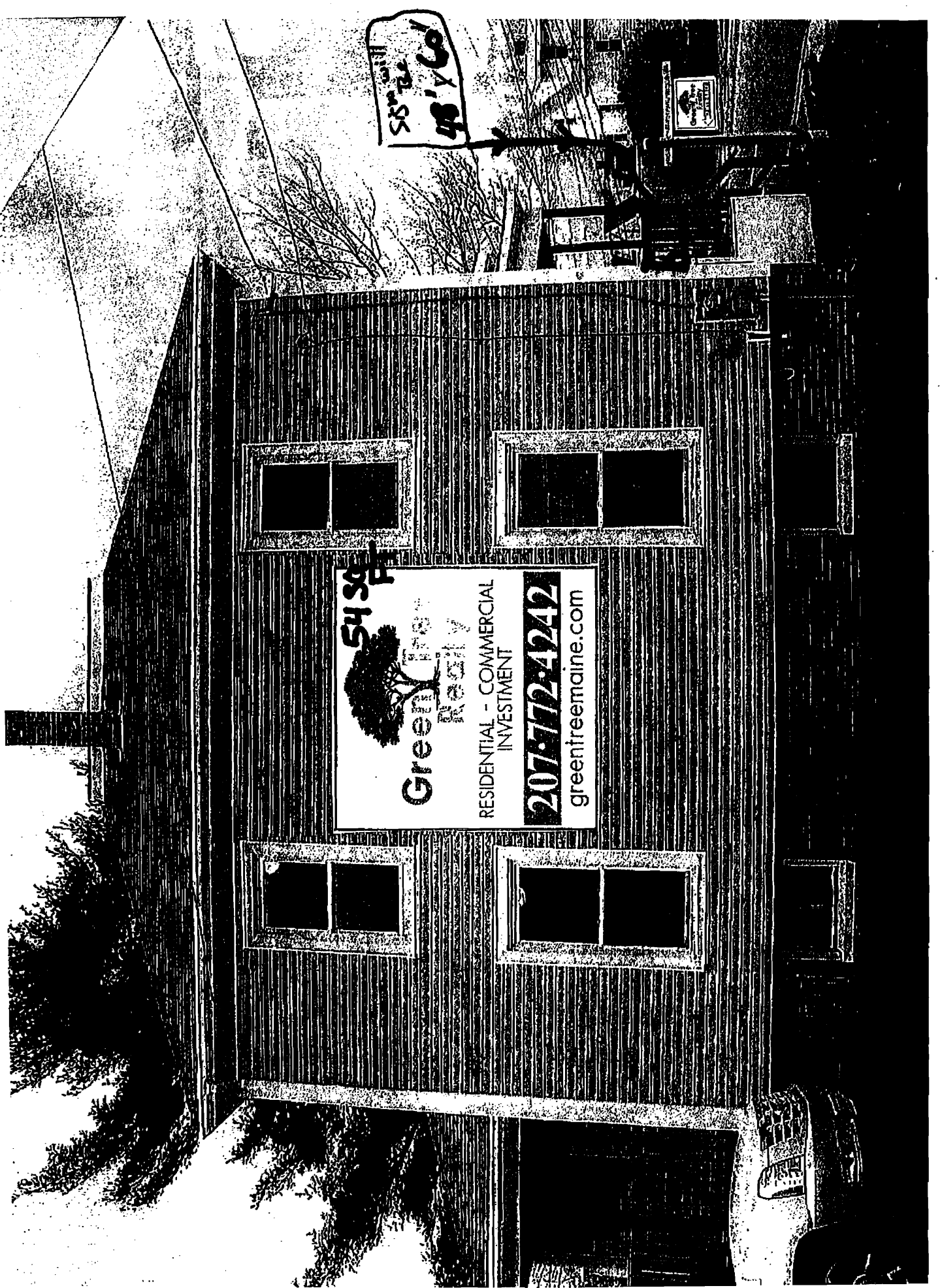
207-772-4242

greentremaine.com

54 SQ FT
GreenTree Realty
RESIDENTIAL - COMMERCIAL
INVESTMENT
207-772-4242
greentreemaine.com

54 SQ FT
50' x 60'

GREEN TREE REALTY



DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME

DEC 12 2006

RECEIVED



Green Tree Realty

RESIDENTIAL-COMMERCIAL-INVESTMENT

207-772-4242

greentreemaine.com

2019
ST. H.

8'x8' - per email 11/10/06

~~1 3/4" = 768~~ 5.37

**8'x8' Alumilite Sign
On Bldg. Between Windows**

547
658

**48"x60"
Alumilite Sign
w/ Reflective Copy
Mounted on Porch Rail Area**

2056x



RESIDENTIAL - COMMERCIAL
INVESTMENT

207-772-4242

greentreamaine.com



207-772-4242

**24"x30"
Directional Sign
Double Sided w/
Reflective Copy**



772-7244

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/14/2006

PRODUCER (207) 797-8840
Plummer's Insurance Agency
1350 Washington Avenue

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Portland ME 04103-

INSURERS AFFORDING COVERAGE NAIC #

INSURED
Green Tree Realty LLC
522 Washington Avenue

INSURER A: Middlesex Mutual Assur

INSURER B:

INSURER C:

INSURER D:

Portland ME 04103-

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CB 0100028002	04/03/2006	04/03/2007	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$		/ /	/ /	EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER BUILDING <input checked="" type="checkbox"/> BFP <input checked="" type="checkbox"/> EDP	CB 0100028002	04/03/2006	04/03/2007	Deduct \$500 200,000 Deduct \$500 20,000 Deduct \$500 25,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Real Estate Office

CERTIFICATE HOLDER

() - (207) 874-8716

CITY OF PORTLAND

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



Material Safety Data Sheet

Omega-lite®, Alumalite®, Econolite®, D-lite®

1. Product Identification

Manufacturer Name and Address: Laminators Incorporated
 3255 Souderton Pike
 Hatfield, PA 19440
 Emergency Phone: (215) 723-8107
 Product Name: Alumalite®
 Omega-lite®
 Econolite®
 D-lite®

Synonyms: Architectural Wall System or Curtain Wall System
 Window Infill Panel or Glazing Panel (opaque)
 Prefinished Architectural Siding
 Prefinished Signage

Date Prepared: 3/10/97
 Date Revised: 3/10/97
 MSDS Number: AL-OL

2. Hazardous Ingredients / Identity Information

Chemical or Common Name:	Percent	CAS#
Core Materials:	Panels utilize a polymer composite core	
Polymer Composite:	42.2 – 59.2%	None
Face / Back Materials:	(.010" text, alum: .024" or .025" smooth aluminum)	
Aluminum Overlays:	20.5 – 47.8%	7429-90-6
Aluminum Dust or Oxide Exposure Limits:		
OSHA PEL-TWA	15 mg/m ³ (Total Dust)	
OSHA PEL-TWA	5 mg/m ³ (Respirable Dust)	
ACGIH TLV-TWA	10 mg/m ³ (Total Dust)	
Adhesive (Epoxy and Modified Amine):	12 – 15%	None
Adhesive Exposure Limits:		
OSHA PEL-TWA	None	
OSHA PEL-STEL	None	

Appearance and Odor: These panels have little or no odor

Product Descriptions: (Component Percentages – Alum / Core / Adh.)

Aluminum Overlay, Polymer Composite Panel (35.2 / 59.2 / 5.6)

3255 Souderton Pike, Hatfield, PA 19440
 Web site: www.laminatorsinc.com

Phone: (215) 723-8107 Fax: (215) 723-0630
 Email address: laminators@laminatorsinc.com

Toll Free: (800) 523-2347

Other precautions: A NIOSH / MSHA-approved respirator and goggles should be worn when the allowable exposure limits may be exceeded. All "hotwork" (welding, cutting) should be done under adequate ventilation to remove fumes and gases.

7. Health Hazard Data

Primary Route(s) of Exposure:

- Ingestion
 Skin: Dust
 Inhalation: Dust

Acute Health Hazards:

Signs and Symptoms of Exposure / Emergency and first aid procedure s:

Ingestion: Not applicable under normal use.

Eye Contact: Wood dust or aluminum shavings (fine) may cause mechanical irritation. Treat dust in eye as foreign object. Flush with water to remove dust particle. Get medical help if irritation persists.

Skin Absorption: Not known to occur under normal use.

Inhalation: Wood dust may cause unpleasant deposit / obstruction in the nasal passages, resulting in dryness of nose, dry cough and headaches. Remove to fresh air. Get medical help if persistent irritation, severe coughing, or breathing difficulty occurs.

Medical conditions generally aggravated by exposure: Wood dust may aggravate preexisting respiratory conditions or allergies.

Chronic health hazards: Wood dust(s), depending on the species (for example, iroko, cocobolo), may cause allergic contact dermatitis on prolonged, repetitive contact, and respiratory sensitization after prolonged exposure to elevated dust levels (for example, western red cedar). Wood dust has been alleged to cause nasal / paranasal sinus cancer (certain European hardwoods: oak and beech).

Carcinogenicity Listing:

- NTP: Not Listed
 IARC Monograph: Not Listed
 OSHA Regulated: Not Listed

8. Personal Protective Equipment:

Respiratory Protection: Not applicable for product in purchased form. However, a NIOSH / MSHA-approved respirator is recommended when the allowable exposure limits may be exceeded.

Protective Gloves: Not required. However, cloth, canvas or leather gloves are recommended to minimize cut, metal shivers and / or mechanical irritation from handling product.

Eye Protection: Not applicable for product in purchased form. Goggles or safety glasses are recommended when machining this product.

Other Protective Clothing or Equipment: Not applicable for product in purchased form. Outer garments may be desirable in extremely dusty areas.

Work / Hygienic Practices: Follow good hygienic and housekeeping practices. Cleanup areas where wood dust settles to avoid excessive accumulation of this combustible material. Minimize blowdown or other practices which generate high airborne-dust concentrations.

Ventilation:

Local Exhaust: Provide local exhaust as needed so that exposure limits are met.

Mechanical (general): Provide local exhaust as needed so that exposure limits are met.

Special: Self-contained breathing apparatus (SCBA) recommended when fighting fire.

Other: NAP

9. User's Responsibility

The information contained in this Material Safety Data Sheet is based on the experience of occupational health and safety professionals and comes from sources believed to be accurate or otherwise technically correct. It is the users' responsibility to determine if this information is suitable for their applications and to follow safety precautions as may be necessary. The user has the responsibility to make sure that this sheet is the most up-to-date issue.

10. Additional Information

ACGIH = American Conference of Governmental Industrial Hygienists

C
 CASH
 IARC
 MSHA
 NAP
 NAV
 NIOSH
 NTP
 OSHA
 PEL
 STEL
 TLV
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Ceiling Limit
 Chemical Abstracts System Number
 International Agency for Research on Cancer
 Mining Safety and Health Administration
 Not Applicable
 Not Available
 National Institute for Occupational Safety and Health
 National Toxicology Program
 Occupational Safety and Health Administration
 Permissible Exposure Limit
 Short Term Exposure Limit (15 minutes)
 Threshold Limit Value
 Time-Weighted Average (8 hours)

1-888-234-7000

NOV-21-2006 03:36PM FROM-

