

APPLICATION FOR BUILDING PERMIT

The Village of Irvington | 85 Main St | Irvington NY 10533

Application Number:	575	Date:	07/06/2022
Job Location:	92 DOGWOOD LA	Parcel ID:	2.90-45-17
Property Owner:	Michael & Crystal Mainiero	Property Class:	1 FAMILY RES
Occupancy:	One/ Two Family	Zoning:	
Common Name:			

Applicant	Contractor
geoff meyersen	geoff meyersen
Sunrise Carpentry	Sunrise Carpentry
3 old tomahawk st Yorktown Heights NY 10598	3 old tomahawk st Yorktown Heights NY 10598
9142450244	9142450244

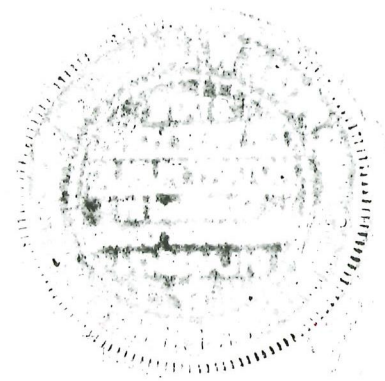
Description of Work

Type of Work:	Exterior alteration or renovations	Applicant is:	Contractor
Work Requested by:	The Owner	In association with:	
Cost of Work (Est.):	56500.00	Property Class:	1 FAMILY RES

Description of Work

New siding. Removing old siding and installing new James Hardie siding.

Please Note: Completing the application does not constitute a permit to commence construction. To obtain your permit follow the instructions on the instruction page provided on page 3.



AFFIDAVIT OF APPLICANT

I **geoff meyersen** being duly sworn, depose and says: That s/he does business as: **Sunrise Carpentry** with offices at: **3 old tomahawk st Yorktown Heights NY 10598** and that s/he is:

- ☐ The owner of the property described herein.
- ☐ The _____ of the New York Corporation _____ with offices at: _____ duly authorized by resolution of the Board of Directors, and that said corporation is duly authorized by the owner to make this application.
- ☐ A general partner of _____ with offices _____ and that said Partnership is duly authorized by the Owner to make this application.
- ☐ The Lessee of the premises, duly authorized by the owner to make this application.
- ☐ The Architect of Engineer duly authorized by the owner to make this application.
- ☒ The contractor authorized by the owner to make this application.

That the information contained in this application and on the accompanying drawings is true to the best of his knowledge and belief. The undersigned hereby agrees to comply with all the requirements of the New York State Uniform Fire Prevention and Building Code, the Village of Irvington Building Code, Zoning Ordinance and all other laws pertaining to same, in the construction applied for, whether or not shown on plans or specify in this application.

Sworn to before me this 7TH day of JULY of 2022

Peter W. Langdon

Notary Public / Commission of Deeds

Geoff Meyersen

Applicant's Signature

OWNER'S AUTHORIZATION

I **Michael & Crystal Mainiero** as the owner of the subject premises and have authorized the contractor named above to perform the work under the subject application.

Owner phone number 917-734-4408 Owner email address crystal@mainiero.net

- ☐ Crystal Mainiero I hereby acknowledge that it is my responsibility as the **property owner** to ensure that if the permit (if issued) receives a Final Certificate of Approval from the Building Department and further that if a Final Certificate of Approval is not obtained upon completion of the construction, a property violation may be placed on the property for which this permit is being requested.

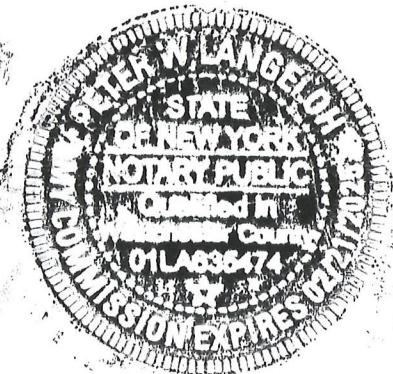
Sworn to before me this 7th day of July of 2022

Peter W. Langdon

Notary Public / Commission of Deeds

Crystal Mainiero

Applicant's Signature



INSTRUCTIONS

REQUIREMENTS FOR OBTAINING A PERMIT:

The following items must be submitted in order to obtain a Building Permit:

1. One (1) Building Permit application signed by the owner or a notarized Agent Letter.
2. One (1) property survey (signed and sealed), reflecting existing conditions.
3. Two (2) sets of construction drawings and specifications, including existing and proposed conditions, state design criteria, structural and architectural details, plans, and cross sections, mechanical, electrical, and plumbing drawings (signed and sealed by a licensed professional).
4. One USB with all plans (with Licensed Professionals certification/stamp) and specifications in PDF (file size must be less than 25MB).
5. Copy of approved site plan from the Irvington Planning Board when applicable (required on all increases of FAR, footprint, coverage, driveways and increases of cubic content under a roof).
6. Approval by the Architectural Review Board (ARB) when applicable. An additional five (5) sets of construction drawings and specifications (please see ARB requirements (available on the village web site www.irvingtonny.gov) prior to submission).
7. Visit the Village of Irvington website www.irvingtonny.gov for additional check list for solar panels, generators, underground propane tanks, signs and awnings (found in forms and documents in the Building & Planning General Information folder).
8. Village Zoning Code is available on the Village website: www.irvingtonny.gov.
9. Provide evidence that the application meets the NYS Energy code as described by www.dcs.state.ny.us/code/energycode/overview.htm

Contractor Requirements in order to obtain a Building Permit:

10. Contractor's Certificate of Liability listing the Village of Irvington as the Certificate Holder with no disclaimer in the description other than certificate holder is named additional insured (any additional comments will not be accepted).
11. Contractor's Workers Compensation C-105 form (or equivalent) listing the Village of Irvington as Certificate Holder.
12. Copy of Contractor's Westchester County Home Improvement License.
13. All information above uploaded into permit application with the contractor's contact information, including mailing address, phone number, and email address.
14. Contractor's signature on Affidavit of Contractor (required prior to issuance of the permit).

Please Note:

- State Law requires that the contractor submits a copy of Workman's Compensation as required by the New York State Disability Insurance naming the Department of Buildings, Village of Irvington as certificate holder and showing coverage for general contracting and the locations covered by such insurance. If structure is to be demolished a copy of Liability Insurance must also be submitted.

- Please be advised under State and Municipal Laws, the Workman's Compensation and Disability benefits insurance must be submitted on separate state approved forms. The "Acord Form" is no longer acceptable as proof of Workman's Compensation coverage. Further information or questions may be answered by calling the NYS Bureau of Compliance at (518) 486-6307 or by visiting their website or by contacting your insurance provider.

FEES ASSOCIATED WITH BUILDING PERMIT APPLICATION (All fees must be paid at time of application):

Fee schedule

Building Permit (Non-Refundable)

* Application fee \$85

* Permit fee \$17 per thousand dollars (\$1000) of estimated cost of construction, or fraction thereof

85
960.50

• Inspection Fees (as applicable)

- | | |
|--|--|
| • Insulation: \$50 | • Footing: \$50 |
| • Solid Fuel: \$50 | • Preparation for concrete slabs and walls: \$50 |
| • Foundation and footing drain: \$50 | • Framing: \$50 |
| • Energy Code Compliance: \$50 | • Building systems, including underground and rough-in: \$50 |
| • Sediment and erosion control: \$50 | • Fire resistant construction and penetrations: \$50 |
| • Footing: \$50 | • Final Inspection for C.O.: \$50 |
| • Preparation for concrete slabs and walls: \$50 | • State and local laws (per re-inspection): \$50 |

Total Inspections 50

* Certificate of Occupancy Fees: One dollar (\$1.00) per thousand dollars of estimated cost. Minimum Fee \$25.00

* Permit Revisions or Amendment: \$50.00 (plus \$17 per thousand (\$1000), of the estimated cost of construction and any additional inspections fees).

5450

* Re-inspection fee for work not ready at time of inspection or not in compliance: \$50

* Applications for Undocumented Work/ Legalizing: Applications to legalize work done prior to applying for and receiving a building permit shall pay double all applicable fees and inspections, including the cost of construction based on the cost of all proposed work being legalized at the time of application. Minimum fee \$500.00.

(To be collected at time of submission of application) Total \$1,152.00

(Note: pursuant to 224-54A all permits are valid for one (1) year from date on permit
Any permit that expires will be subject to additional fees.)

George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

SUNRISE CARPENTRY, INC.
THE SUNRISE HANDYMAN
1872 Highbrook Street
Yorktown Heights, NY-10598

This license is issued in accordance with Article XVI of the Westchester County Consumer Protection Code and is valid only upon presence of the official department seal. Proof of citizenship or immigration status is not required for issuance of this license.
NOT FOR FEDERAL PURPOSES

License Number

WC-07318-H96



Date of Expiration

02/01/2024



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/07/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER BNC Insurance Agency 90 S Ridge St Ste UL-2 Rye Brook NY 10573-2836		CONTACT NAME: LuAnn Silano PHONE (A/C, No, Ext): (914) 937-1230 E-MAIL ADDRESS: lsilano@bncagency.com FAX (A/C, No): (914) 937-1124	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Selective Insurance Company of the Southeast	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	


COVERAGES **CERTIFICATE NUMBER:** CL2242906079 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		S 2264989	05/23/2022	05/23/2023	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$ 1,000,000
	<input checked="" type="checkbox"/> Contractual Liability						DAMAGE TO RENTED PREMISES (Ea occurrence)
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$ 500,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person)
	OTHER:						\$ 15,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			S 2264989	05/23/2022	05/23/2023	PERSONAL & ADV INJURY
	<input type="checkbox"/> ANY AUTO						\$ 1,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY						GENERAL AGGREGATE
	<input type="checkbox"/> HIRED AUTOS ONLY						\$ 2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS						PRODUCTS - COMP/OP AGG
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						\$ 2,000,000
							\$
	<input type="checkbox"/> UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> EXCESS LIAB						\$ 1,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						BODILY INJURY (Per person)
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						BODILY INJURY (Per accident)
	If yes, describe under DESCRIPTION OF OPERATIONS below						PROPERTY DAMAGE (Per accident)
							\$
							\$
							EACH OCCURRENCE
							AGGREGATE
							\$
							\$
							PER STATUTE
							OTH-ER
							E.L. EACH ACCIDENT
							\$
							E.L. DISEASE - EA EMPLOYEE
							\$
							E.L. DISEASE - POLICY LIMIT
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is included as an additional insured when required under written Contract or Agreement.

CERTIFICATE HOLDER Village of Irvington 85 Main Street Irvington NY 10533	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF INSURANCE COVERAGE

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

1a. Legal Name & Address of Insured (use street address only) SUNRISE CARPENTRY, INC 3 OLD TOMAHAWK STREET YORKTOWN HEIGHTS, NY 10598 <small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small>	1b. Business Telephone Number of Insured (914)245-0244 1c. Federal Employer Identification Number of Insured or Social Security Number 134031277
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Village of Irvington 85 Main Street Irvington, NY 10533	3a. Name of Insurance Carrier ShelterPoint Life Insurance Company 3b. Policy Number of Entity Listed in Box "1a" DBL187621 3c. Policy effective period 01/01/2022 to 12/31/2022


4. Policy provides the following benefits:

- ☒ A. Both disability and paid family leave benefits.
☐ B. Disability benefits only.
☐ C. Paid family leave benefits only.

5. Policy covers:

- ☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
☐ B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 6/7/2022 By 
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked)

State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law (Article 9 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. **Insurance brokers are NOT authorized to issue this form.**



Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in Box 1a for disability and/or Paid Family Leave benefits under the NYS Disability and Paid Family Leave Benefits Law. The insurance carrier or its licensed agent will send this Certificate of Insurance Coverage (Certificate) to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

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 policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This Certificate may be used as evidence of a NYS disability and/or Paid Family Leave benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or Paid Family Leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Insurance Coverage for NYS disability and/or Paid Family Leave Benefits or other authorized proof that the business is complying with the mandatory coverage requirements of the NYS Disability and Paid Family Leave Benefits Law.

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE



SCAN TO VALIDATE
AND SUBSCRIBE

***** 134031277
BNC INSURANCE AGENCY
90 S RIDGE ST
RYE BROOK NY 10573

POLICYHOLDER SUNRISE CARPENTRY INC 1872 HIGHBROOK STREET YORKTOWN HEIGHTS NY 105984510		CERTIFICATE HOLDER VILLAGE OF IRVINGTON 85 MAIN STREET IRVINGTON NY 10533	
POLICY NUMBER W1266 316-7	CERTIFICATE NUMBER 986095	POLICY PERIOD 01/02/2022 TO 01/02/2023	DATE 6/7/2022

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1266 316-7, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

BRIAN J GOC, PRESIDENT
SUNRISE CARPENTRY INC

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 523079091



(5 beds, 3 baths, 2,613 Square Feet)



(5 beds, 3 baths, 2,613 Square Feet)




(beds, 3 baths, 2,613 Square Feet)



(5 beds, 3 baths, 2,613 Square Feet)

Date of Issue: 04/11/22

SAFETY DATA SHEET

Section 1. Identification	
Product Identifier:	Exterior Fiber-Cement (Medium Density) – Includes all HZ5 and HZ10 products with the following product names: HardiePlank® lap siding, HardiePanel® vertical siding, HardieSoffit® panel, HardieSoffit®, Beaded Porch Panel, HardieShingle® siding, HardieShingle® notched panels, HardieShingle® individual shingles, Hardie® Reveal™ Panel, 7/16" HardieTrim® boards , Prevail® lap siding, Prevail® panel, Cemplank lap siding, Hardie® Architectural Panel
Manufacturer Name, Address and Phone Number:	James Hardie Building Products 231 S. LaSalle Street, Suite 2000 Chicago, IL 60604 1-800-942-7343 (1-800-9HARDIE)
Emergency Phone Number:	1-800-942-7343 (1-800-9HARDIE)
Recommended Use:	Exterior Fiber-Cement (Medium Density) is used as an external wall cladding
Restrictions on Use:	None known
Section 2. Hazards Identification	
GHS Classification:	Carcinogenity, Category 1A Target Organ Systemic Toxicity Repeated Exposure, Category 1
GHS Label Element(s): Symbol	
Signal Word	DANGER
Hazard Statement(s)	May cause cancer if dust from product is inhaled Causes damage to lungs and respiratory system through prolonged or repeated inhalation of dust from product
Precautionary Statement(s)	Obtain special instructions before use. Do not handle until all safety precautions have been read and understood. Do not breathe dust from product. Wash hands and face thoroughly after handling. Use personal protective equipment as required. If exposed or concerned: Get medical advice. If shortness of breath or other health concerns develop after exposure to dust from the product, seek medical attention. Dispose of product in accordance with local, state and national regulations. If there are no applicable regulations, dispose of in a secure landfill, or in a way that will not expose others to dust.

Date of Issue: 04/11/22

Section 3. Composition / Information on Ingredients		
CAS#	Chemical Ingredient	%
14808-60-7	Crystalline Silica (Quartz)	15-45%
1333-86-4	Carbon Black	<1%
Section 4. First Aid Measures		
Inhalation	<p>Acute effects – Dust may cause irritation of the nose, throat and airways, resulting in coughing and sneezing. Certain susceptible individuals may experience wheezing (spasms of the bronchial airways) upon inhaling dust during cutting, rebating, drilling, routing, sawing, crushing or otherwise abrading fiber cement, and when cleaning up, disposing of or moving the dust.</p> <p>Chronic effects – Repeated or prolonged over exposures to crystalline silica can cause silicosis (scarring of the lung) and increases the risk of bronchitis, tuberculosis, lung cancer, renal disease, and scleroderma (a disease affecting the connective tissue of the skin, joints, blood vessels, and internal organs.) Some studies suggest that cigarette smoking increases the risk of silicosis, bronchitis and lung cancer in persons also exposed to crystalline silica.</p> <p>Acute silicosis – A sub-chronic disease associated with acute, massive silica exposure, is a rapidly progressive, incurable lung disease that is typically fatal. Symptoms include, but are not limited to, shortness of breath, cough, fever, weight loss and chest pain. Such exposure may cause pneumoconiosis and pulmonary fibrosis.</p> <p>Required treatment – If inhalation of dust occurs, remove to fresh air. If shortness of breath or wheezing develops, seek medical attention.</p>	
Skin	<p>Dust may cause irritation of the skin from friction but cannot be absorbed through intact skin.</p> <p>If skin contact occurs, wash with mild soap and water. Contact physician if irritation persists or later develops.</p>	
Eyes	<p>Dust may irritate the eyes from mechanical abrasion causing watering or redness.</p> <p>If eye contact occurs, remove contact lenses (if applicable). Flush with running water or saline for at least 15 minutes. Seek medical attention if redness persists or if visual changes occur.</p>	
Ingestion	<p>Ingestion is unlikely under normal conditions of use, but swallowing the dust from the product may result in irritation or</p>	

HardiePlank®

Thickness 5/16 in
Length 12 ft planks

SIDEE & REAR



SELECT CEDARMILL® & SMOOTH

Width	6.25 in	8.25 in
Exposure	5 in	7 in
ColorPlus	280	210
Pcs./Pallet		

HardiePanel®

Thickness 5/16 in



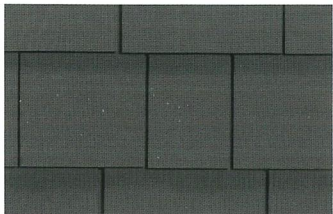
SELECT CEDARMILL® & SMOOTH

Size 4 ft x 10 ft
ColorPlus 50
Pcs./Pallet

HardieShingle®

Thickness 1/4 in
Length 48 in

FRONT OF HOUSE



STRAIGHT EDGE PANEL

Height	14 in	15.25 in
Exposure	5 in	7 in
ColorPlus	120	86
Pcs./Pallet		

w/WHITE TRIM

HardieTrim®

4/4 SMOOTH

5/4 SMOOTH



Thickness	.75 in				
Length	12 ft boards				
Width	3.5 in	5.5 in	7.25 in	11.25 in	
ColorPlus	312	208	156	104	
Pcs./Pallet					

Thickness	1 in				
Length	12 ft boards				
Width	3.5 in	4.5 in	5.5 in	7.25 in	11.25 in
ColorPlus	240	200	160	120	80
Pcs./Pallet					

BATTEN BOARDS

4/4 SMOOTH

4/4 RUSTIC GRAIN®



Thickness	.75 in	.75 in
Length	12 ft boards	12 ft boards
Width	2.5 in	2.5 in
ColorPlus	190	190
Pcs./Pallet		



Selecting a color? Request a product sample at jameshardiepros.com/samples