



RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

For systems serving one dwelling unit and conforming to the Ontario Building Code O.reg. 403/97, as amended

LOCATION OF INSTALLATION	TOTAL VENTILATION CAPACITY 9.32.3.3.(1)
Lot # _____ Plan # _____	Bsmt & Master Bdrm _____ @ 10 l/s = _____ l/s
City/Town _____	Other Bedrooms _____ @ 5 l/s = _____ l/s
Roll # _____ Permit # _____	Bathrooms & Kitchen _____ @ 5 l/s = _____ l/s
Address _____	Other Rooms _____ @ 5 l/s = _____ l/s
	TOTAL = _____ l/s
BUILDER	PRINCIPAL VENTILATION CAPACITY 9.32.3.4.(1)
Name _____	Master Bedroom _____ @ 15 l/s = _____ l/s
Address _____	Other Bedrooms _____ @ 7.5 l/s = _____ l/s
City _____	TOTAL = _____ l/s
Telephone _____ Fax _____	
INSTALLING CONTRACTOR	PRINCIPAL EXHAUST FAN CAPACITY
Name _____	Model: _____ Location: _____
Address _____	_____ l/s _____ Sones <input type="checkbox"/> HVI
City _____	
Telephone _____ Fax _____	HEAT RECOVERY VENTILATOR
	Model: _____
COMBUSTION APPLIANCES 9.32.3.1.(1)	_____ l/s High _____ l/s Low
a) <input type="checkbox"/> Direct vent (sealed combustion) only	_____ % Sensible Efficiency @ -25°C <input type="checkbox"/> HVI
b) <input type="checkbox"/> Positive venting induced draft (except fireplaces)	SUPPLEMENTAL VENTILATION CAPACITY
c) <input type="checkbox"/> Natural draft, B-vent, or induced draft fireplace	Total Ventilation Capacity _____ l/s
d) <input type="checkbox"/> Solid fuel (including fireplaces)	Less Principal Exhaust Fan Capacity _____ l/s
e) <input type="checkbox"/> No Combustion Appliances	Required Supplemental Ventilation Capacity _____ l/s
HEATING SYSTEM	SUPPLEMENTAL EXHAUST FANS 9.32.3.5.
<input type="checkbox"/> Forced Air <input type="checkbox"/> Non Forced Air	Location Make/Model l/s Sones HVI
<input type="checkbox"/> Electric Space Heating	_____
HOUSE TYPE 9.32.3.1.(2)	_____
<input type="checkbox"/> I Type a) or b) appliances only	_____
<input type="checkbox"/> II Type I except with solid fuel (including fireplaces)	_____
<input type="checkbox"/> III Any Type c) appliance	_____
<input type="checkbox"/> IV Type I or II with electric space heating	_____
<input type="checkbox"/> Other: Type I, II, or IV, no forced air	_____
SYSTEM DESIGN OPTION	DESIGNER CERTIFICATION
<input type="checkbox"/> 1 Exhaust Only/Forced Air System	Name _____
<input type="checkbox"/> 2 HRV with Exhaust Ducts/Forced Air System	Signature _____
<input type="checkbox"/> 3 HRV Simplified Connection to Forced Air System	BCIN: _____
<input type="checkbox"/> 4 HRV-Full ducting/Not coupled to Forced Air System	Date _____
<input type="checkbox"/> Part 6 Design	Telephone _____ Fax _____