



LOCATION OF INSTALLATION	ADDRESS	HOUSE BUILDER
	APPLICATION NUMBER	HOUSE MODEL (IF APPLICABLE)
INSTALLING CONTRACTOR	NAME	
	ADDRESS	
	CITY	POSTAL CODE
	TELEPHONE NUMBER	FAX NUMBER

SYSTEM DESIGN PARAMETERS

<p>Combustion Appliances 9.32.3.1.(1)</p> <p>a) <input type="checkbox"/> Direct vent (sealed combustion) only</p> <p>b) <input type="checkbox"/> Positive venting induced draft (except fireplaces)</p> <p>c) <input type="checkbox"/> Natural draft, B-vent or induced draft fireplace</p> <p>d) <input type="checkbox"/> Solid Fuel (including fireplaces)</p> <p>e) <input type="checkbox"/> No Combustion Appliances</p>	<p>Heating System</p> <p><input type="checkbox"/> Forced air</p> <p><input type="checkbox"/> Non-forced air</p> <p><input type="checkbox"/> Electric Space Heat (<i>if >10% of heating load</i>)</p>
<p>House Type 9.32.3.1.(2)</p> <p><input type="checkbox"/> I. Type a) or b) appliances only, no solid fuel</p> <p><input type="checkbox"/> II. Type I except with solid fuel (including fireplace)</p> <p><input type="checkbox"/> III. Any Type c) appliance = Part 6 Design</p> <p><input type="checkbox"/> IV. Electric space heat (<i>if >10% of heating load</i>)</p> <p><input type="checkbox"/> Other: No forced air = Option 4</p>	<p>System Design Option</p> <p><input type="checkbox"/> Exhaust Only / Forced Air System</p> <p><input type="checkbox"/> HRV with Exhaust Ducts / Forced Air System</p> <p><input type="checkbox"/> HRV Simplified Connection to Forced Air System</p> <p><input type="checkbox"/> HRV – Full Ducting / Not Coupled to Forced Air System</p> <p><input type="checkbox"/> Part 6 Design</p>

EQUIPMENT DESIGN REQUIREMENTS

Total Ventilation Capacity 9.32.3.3.(1)				Total
Master Bedroom	_____	x 10 L/s =	_____	
Unfinished Basement	_____	x 10 L/s =	_____	
Other Habitable Rooms	_____	x 5 L/s =	_____	T.V.C.
Principal Ventilation Capacity 9.32.3.4.(1)				
Master Bedroom	_____	x 15 L/s =	_____	
Other Bedrooms	_____	x 7.5 L/s =	_____	P.V.C
Required Supplemental Ventilation Capacity (T.V.C. less P.V.C.)=				_____

VENTILATION EQUIPMENT

Heat Recovery Ventilator

Model: _____

_____ L/s high _____ L/s Low _____ % Sensible Efficiency @ -25°C

Proposed Exhaust Fans

	Location	Model	L/s	Sones	Principal or Supplemental
1					
2					
3					
4					

DESIGNER CERTIFICATION

I hereby certify that this ventilation system has been designed in accordance with the 2012 Ontario Building Code.

Name: _____ Company Name: _____

Signature: _____ Date: _____ BCIN _____ HRAI # _____