

**RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY**

LOCATION OF INSTALLATION

Lot # _____	Plan # _____
Township _____	
Roll # _____	Permit # _____
Address _____	

BUILDER

Name _____	
Address _____	
City _____	
Tel. _____	Fax _____

INSTALLING CONTRACTOR

Name _____	
Address _____	
City _____	
Tel. _____	Fax _____

COMBUSTION APPLIANCES  
9.32.3.1(1)

a) Direct vent (sealed combustion only) \_\_\_\_\_

b) Positive venting induced draft (except fireplaces) \_\_\_\_\_

c) Natural draft, B-vent or induced draft fireplace \_\_\_\_\_

d) Solid Fuel (including fire-places) \_\_\_\_\_

e) No Combustion Appliances \_\_\_\_\_

HEATING SYSTEM

Forced Air _____
Non Forced Air _____
Electric space Heat _____

HOUSE TYPE 9.32.3.1 (2)

I Type a) or b) appliances only, no solid fuel \_\_\_\_\_

II Type I except with solid fuel (including fireplace) \_\_\_\_\_

III Any Type c) appliance \_\_\_\_\_

IV Type I, or II with electric space heat \_\_\_\_\_

OTHER: Type I, II or IV no forced air \_\_\_\_\_

DESIGNER CERTIFICATION

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

Name \_\_\_\_\_

Signature \_\_\_\_\_

HRAI# \_\_\_\_\_ Date \_\_\_\_\_

TOTAL VENTILATION CAPACITY 9.32.3.3.(1)

Bsmt & Master Bdrm _____ @ 10L/s _____ L/s
Other Bedrooms _____ @ 5L/s _____ L/s
Bathrooms & Kitch _____ @ 5L/s _____ L/s
Other Rooms _____ @ 5L/s _____ L/s
Total _____ L/s

PRINCIPAL VENTILATION CAPACITY 9.32.3.4 (1)

Master Bedroom _____ @ 15 L/s _____ L/s
Other Bedrooms _____ @ 7.5 L/s _____ L/s
Total _____ L/s

PRINCIPAL EXHAUST FAN CAPACITY

Model: _____	Location: _____
_____ L/s _____ Sones _____ HVI	

HEAT RECOVERY VENTILATOR

Model: _____
_____ L/s High _____ L/s Low
_____ % Sensible Efficiency @ -25 _____ HVI

SUPPLEMENTAL VENTILATION CAPACITY

Total Ventilation Capacity _____ L/s
Less Principal Vent. Capacity _____ L/s
Required Supplemental Vent. Cap. _____ L/s

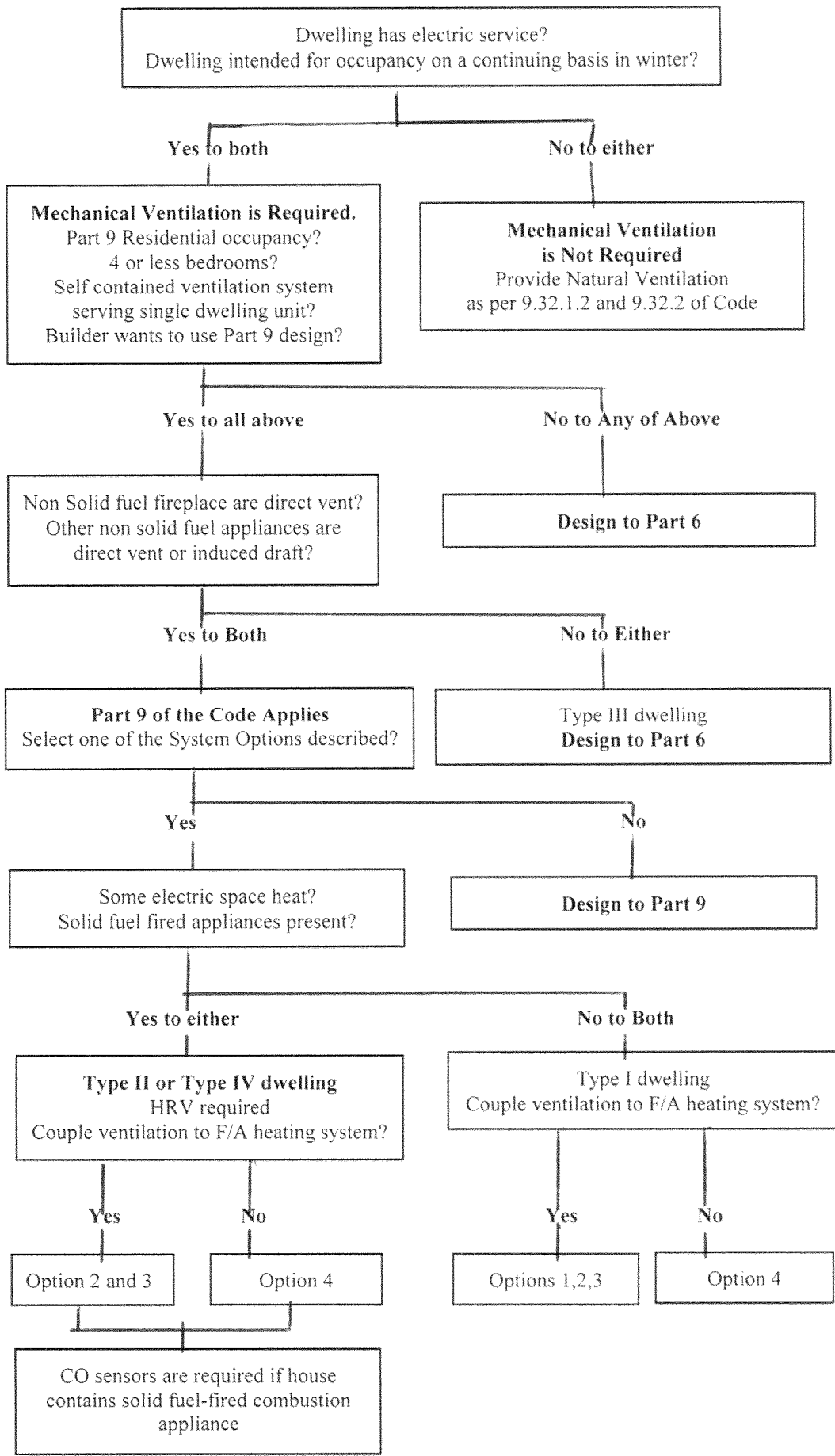
SUPPLEMENTAL FANS 9.32.3.5

Location	Model	L/s	Sones	HVI
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SYSTEM DESIGN OPTION

1 Exhaust Only/Forced Air System _____
2 HRV with Exhaust Ducts/Forced Air System _____
3 HRV Simplified Connection to Forced Air System _____
4 HRV - Full Ducting/Not Coupled to Forced Air System _____
Part 6 Design _____

# VENTILATION SYSTEM DECISION TREE



## HOUSE TYPES

### TYPE I

Only direct vented or mechanically induced draft fuel-fired combustion appliances; no solid fuel-fired combustion appliances; only direct vented fuel-fired fireplaces; no electric space heat.

### TYPE II

Type I houses which contain solid fuel-fired combustion appliances.

### TYPE III

All houses containing natural draft non-solid fuel-fired combustion appliances or mechanically vented induced draft non-solid fuel-fired fireplaces.

### TYPE IV

All houses that contain electric space heating, except Type III houses.

## OPTIONS

### OPTION 1

Exhaust only ventilation

### OPTION 2

HRV coupled to a forced air heating system. Extended exhaust ductwork

### OPTION 3

HRV coupled to a forced air heating system. Simplified exhaust ductwork.

### OPTION 4

HRV not coupled to a forced air heating system.