RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY LOCATION OF INSTALLATION TOTAL VENTILATION CAPACITY 9.32.3.3.(1) Lot# Plan # Bsmt & Master Bdrm @ 10L/s L/s Township Other Bedrooms _____ @ 5L/s _____ L/s Roll# Permit# _____ @ 5L/s ____ L/s Bathrooms & Kitch Address Other Rooms _____ @ 5L/s _____ L/s **BUILDER** Total L/s Name PRINCIPAL VENTILATION CAPACITY 9.32.3.4 (1) Address Master Bedroom ______ @ 15 L/s _____ L/s Other Bedrooms Fax L/s Total **INSTALLING CONTRACTOR** PRINCIPAL EXHAUST FAN CAPACITY Name Model: Location: Address L/s Sones HVI HEAT RECOVERY VENTILATOR City Fax Model: **COMBUSTION APPLIANCES** ____L/s Low L/s High 9.32.3.1(1) % Sensible Efficiency @ -25 a) Direct vent (sealed combustion SUPPLEMENTAL VENTILATION CAPACITY b) Positive venting induced draft (except fireplaces) Total Ventilation Capacity L/s c) Natural draft, B-vent or induced draft fireplace L/s Less Principal Vent. Capacity d) Solid Fuel (including fire-places) Required Supplemental Vent. Cap. SUPPLEMENTAL FANS 9.32.3.5 e) No Combustion Appliances HEATING SYSTEM Location Model L/s HVI Sones Forced Air Non Forced Air Electric space Heat HOUSE TYPE 9.32.3.1 (2) SYSTEM DESIGN OPTION I Type a) or b) appliances only, no 1 Exhaust Only/Forced Air System solid fuel II Type I except with solid fuel 2 HRV with Exhaust Ducts/Forced Air System (including fireplace) III Any Type c) appliance HRV Simplified Connection to Forced Air System IV Type I, or II with electric 4 HRV - Full Ducting/Not Coupled to Forced Air System space heat OTHER: Type I, II or IV no forced

DESIGNER CERTIFICATION

City

Tel.

Tel.

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

Part 6 Design

Signature HRAI# ___ Date ____

VENTILATION SYSTEM DECISION TREE Dwelling has electric service? Dwelling intended for occupancy on a continuing basis in winter? Yes to both No to either Mechanical Ventilation is Required. Mechanical Ventilation Part 9 Residential occupancy? is Not Required 4 or less bedrooms? Provide Natural Ventilation Self contained ventilation system as per 9.32.1.2 and 9.32.2 of Code serving single dwelling unit? Builder wants to use Part 9 design? No to Any of Above Yes to all above Non Solid fuel fireplace are direct vent? Design to Part 6 Other non solid fuel appliances are direct vent or induced draft? No to Either Yes to Both Part 9 of the Code Applies Type III dwelling Select one of the System Options described? Design to Part 6 No Yes Some electric space heat? Design to Part 9 Solid fuel fired appliances present? Yes to either No to Both Type I dwelling Type II or Type IV dwelling Couple ventilation to F/A heating system? HRV required Couple ventilation to F/A heating system? No Yes Yes No Option 4 Options 1,2,3 Option 2 and 3 Option 4 CO sensors are required if house contains solid fuel-fired combustion appliance

HOUSE TYPES

TYPE 1

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 a p p l i a n c e s o r 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.