

RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

LOCATION OF INSTALLATION	SYSTEM DESIGN OPTION
LOT _____ PLAN _____	_____ 1 EXHAUST ONLY/FORCED AIR SYSTEM
PERMIT _____	_____ 2 HRV WITH EXHAUST DUCTS/FORCED AIR SYSTEM
ADDRESS _____	_____ 3 HRV SIMPLIFIED CONNECTION TO FORCED AIR SYSTEM
_____	_____ 4 HRV FULL DUCTING/NOT CONNECTED TO FORCED AIR SYSTEM
_____	_____ 6 PART 6 DESIGN
BUILDER	
NAME _____	
ADDRESS _____	
CITY _____	
PHONE _____	
EMAIL _____	
INSTALLING CONTRACTOR	
NAME _____	
ADDRESS _____	
CITY _____	
PHONE _____	
EMAIL _____	
COMBUSTION APPLIANCES	
A _____ DIRECT VENT SEALED COMB. ONLY	
B _____ POSITIVE VENTING INDUCED DRAFT (EXCEPT FIREPLACES)	
C _____ NATURAL DRAFT, B-VENT OR INDUCED DRAFT FIREPLACE	
D _____ SOLID FUEL (INCLUDING FIREPLACES)	
E _____ NO COMBUSTION APPLIANCES	
HEATING SYSTEM	
FORCED AIR _____ NON FORCED AIR _____	
ELECTRIC SPACE HEAT _____	
HOUSE TYPE	
I. TYPE A) OR B) APPLIANCES ONLY	
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	
	TOTAL VENTILATION CAPACITY
	BASEMENT MASTER BEDROOM @ 10 L/S L/S
	BATHROOM KITCHEN @ 5 L/S L/S
	OTHER BEDROOMS @ 5 L/S L/S
	OTHER ROOMS @ 5 L/S L/S
	TOTAL L/S
	PRINCIPAL VENTILATION CAPACITY
	MASTER BEDROOM @ 15L/S L/S
	OTHER BEDROOMS @ 7.5L/S L/S
	TOTAL L/S
	PRINCIPAL EXHAUST FAN CAPACITY
	MODEL _____ LOCATION _____
	L/S _____ SONES _____ HVT _____
	HEAT RECOVERY VENTILATION
	MODEL _____
	L/S HIGH _____ L/S LOW _____
	% SENSIBLE EFFICIENCY @ .25% C _____
	SUPPLEMENTAL VENTILATION CAPACITY
	TOTAL VENTILATION CAPACITY L/S
	LESS PRINCIPAL VENT CAP L/S
	REQUIRED SUPPLEMENTAL CAP L/S
	SUPPLEMENTAL FANS
	LOCATION MODEL L/S SONES HVT

DESIGNER CERTIFICATION

I HEREBY CERTIFY THAT THIS VENTILATION SYSTEM HAS BEEN DESIGNED IN ACCORDANCE WITH THE ONTARIO BUILDING CODE

DATE _____

NAME _____

SIGNATURE _____

HRAI# _____