



NOTE: FORM TO BE COMPLETED IN INK

LOCATION:

NAME: _____
ADDRESS: _____
CITY: _____
POSTAL CODE: _____
PHONE: _____

INSTALLER:

NAME: _____
ADDRESS: _____
CITY: _____
POSTAL CODE: _____
PHONE: _____

DESIGNER:

NAME: _____
ADDRESS: _____
CITY: _____
POSTAL CODE: _____
PHONE: _____
BCIN: _____
HRAI Certification #: _____

BUILDING TYPE:

- DETACHED SEMI-DETACHED ROW MULTI-UNIT RESIDENTIAL OTHER

HEATING SYSTEM

- FORCED AIR HYDRONIC SOLID FUEL APPLIANCE OTHER

FUEL TYPE:

- GAS ELECTRIC OIL OTHER

DOMESTIC HOT WATER

- CONVENTIONAL WATER HEATER INSTANTANEOUS (TANKLESS) INDIRECT HOT WATER TANK

FUEL TYPE:

- GAS ELECTRIC OTHER

EF _____

COMBUSTION AIR (Provide Details)

DESIGN TEMPERATURE:

INDOOR: _____

OUTDOOR: _____

TOTAL BUILDING HEAT LOSS (AS CALCULATED PER OBC 9.33 & CSA F280 -12.) _____ Btuh/W

(Total heat output capacity of heating system installed shall be not less than 100% of Total Building Heat Loss)

HEATING APPLIANCE (SIZED AS PER OBC 9.33 & CSA F280-12.)

FORCED AIR FURNACE

MANUFACTURER: _____ MODEL: _____

AFUE (%) _____ OUTPUT (Btu): _____ DESIGN STATIC PRESSURE: _____

- SINGLE STAGE: TWO STAGE: MODULATING:

BOILER

MANUFACTURER: _____ MODEL: _____

OUTPUT (Btu): _____ AFUE (%) _____

OTHER (Provide Details): _____

HEATING DISTRIBUTION SYSTEM

- DUCTWORK RADIANT IN-FLOOR RADIANT BASEBOARD

PRINCIPAL EXHAUST FAN (HRV OR ERV)

SUPPLY VENTILATION (Greater of A or B Below)

A) ROOMS

Bsmt & Master Bdrm _____ @ 10 L/s (20 cfm) _____

Other Bedrooms _____ @ 5 L/s (10 cfm) _____

Bathrooms & Kitchen _____ @ 5 L/s (10 cfm) _____

Other Habitable Rooms _____ @ 5 L/s (10 cfm) _____

TOTAL _____

L/s CFM

OUTSIDE VENTED MECHANICAL EXHAUST SYSTEM

L/s CFM

Clothers Dryer (Default 160 cfm) _____

Central Vacuum _____

Kitchen Range Hood (Default 100 cfm) _____

Bathroom Fan (Default 50 cfm) _____

Other _____

TOTAL _____

OR

B) EXHAUST VENTILATION

CONTINUOUS

Kitchens _____ @ 30 L/s (60 cfm) _____

Bathrooms _____ @ 15 L/s (20 cfm) _____

TOTAL _____

L/s CFM

RELIEF/MAKEUP AIR REQUIRED

Provide details how Relief/Makeup Air is achieved

Minimum Supply Required¹

¹(Multiply the Greater of A or B by 1.1)

SUPPLEMENTAL EXHAUST FANS

	Location	Fan Manuf/Model	L/s	CFM	Sones (Max 2.5)	Exhaust Duct Size
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____

PRINCIPAL VENTILATION FAN SWITCH (HRV/ERV CONTROLS): Location _____

CIRCULATION FAN SWITCH (FURNACE CIRCULATION FAN): Location _____

SUPPLEMENTAL VENTILATION FAN SWITCHES: To be located in the room where the fan is situated

HRV /ERV INFORMATION

HRV ERV

MANUFACTURER _____ BRAND _____

MODEL NO. _____

SRE @ 0 deg C _____ NET SUPPLY @ _____" w.g. = _____ CFM

HRV DISTRIBUTION SYSTEM

Separate Dedicated (Duct Size and Layout Drawing Required)

Intergrated with Furnace (Direct Connection to R/A System Required)

TYPE OF CONTROLS: Dehumidistat with Interval Timers Manually Operated Switch HRV Controls (Centrally Located)

TYPE OF DEFROST: Preheat Bypass Recirculation Other

Multi-Speed Fan Yes No Continuous Operation (control switch to be centrally located) Yes No

Preheating Required Yes (_____watts) No