

FORM A.7 RESIDENTIAL MECHANICAL VENTILATION AND HVAC DESIGN SUMMARY

A. Project information		
Building number, street name		Unit number
		Lot/con.
Municipality	Postal code	Plan number/other description

B. Builder		
Last name	First name	Corporation or partnership
Street address		Unit number
		Lot/con.
Municipality	Postal code	Province
		E-mail
Telephone number	Fax	Cell number

C. Combustion Appliances	Sentence 9.32.3.1.(1)
<input type="checkbox"/> a) Direct vent (sealed combustion) only <input type="checkbox"/> b) Positive venting induced draft (excluding fireplace) <input type="checkbox"/> c) Natural draft, B vent or induced draft fireplace <input type="checkbox"/> d) Solid fuel (including fireplace) <input type="checkbox"/> e) No combustion appliances	

D. Heating System
<input type="checkbox"/> Forced Air <input type="checkbox"/> Non-Forced Air <input type="checkbox"/> Electric Space Heating

E. Heating Fuel Type
<input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Electric

F. House Type	Sentence 9.32.3.1.(2)
<input type="checkbox"/> I Type (a) (b) appliance only, no solid fuel <input type="checkbox"/> II Type I with solid fuel (including fireplace) <input type="checkbox"/> III Any type (c) appliance <input type="checkbox"/> IV Type I or II with electric space heat <input type="checkbox"/> Other: Type I, II or IV with no forced air	

G. Total Ventilation Capacity				Sentence 9.32.3.3.(1)
Master Bedroom & Basement	x 10	=	L/s	x 21.2 = cfm
Other Bedrooms	x 5	=	L/s	x 10.6 = cfm
Bathrooms & Kitchens	x 5	=	L/s	x 10.6 = cfm
Other Rooms	x 5	=	L/s	x 10.6 = cfm
Total Ventilation Capacity			L/s	cfm

H. Principal Ventilation Capacity (minimum)			Sentence 9.32.3.4.(1)
1 Bedroom	<input type="checkbox"/>	15 L/s	31.8 cfm
2 Bedrooms	<input type="checkbox"/>	22.5 L/s	47.7 cfm
3 Bedrooms	<input type="checkbox"/>	30 L/s	63.6 cfm
4 Bedrooms	<input type="checkbox"/>	37.5 L/s	79.5 cfm
5 Bedrooms	<input type="checkbox"/>	45 L/s	95.45 cfm
More than 5 Bedrooms – Part 6 Design	<input type="checkbox"/>	System must comply with Sentence 6.2.1.1.(1)	
Proposed Principal Ventilation Capacity		L/s	cfm

I. Supplemental Ventilation Capacity			Sentence 9.32.3.5
Total Ventilation Capacity from Box 'G'		L/s	cfm
Less Principal Ventilation Capacity from Box 'H'		L/s	cfm
Required Supplemental Ventilation Capacity		L/s	cfm
Range Hood Vented to Exterior	<input type="checkbox"/> Yes <input type="checkbox"/> No		

J. Heat Recover Ventilator (HVR)			Sentence 9.32.3.11
Make/Model		HVI Certified <input type="checkbox"/>	
L/s High	cfm High	_____ % Sensible Efficiency @ -0°C _____ watts	
L/s Low	cfm Low	_____ % Sensible Efficiency @ -25°C _____ watts	

L. Supplemental Fan Capacities					Sentence 9.32.3.5
Location	Make	Model	Design Airflow		Sones
			L/s	cfm	

M. Heating Appliance	
Make/Model	
Heating Output	Total Design Heat Load
BTUH	BTUH

N. Cooling Appliance	
Make/Model	
Cooling Output	Total Design Cooling Load
BTUH	BTUH

O. Notes
A. The principal exhaust fan shall be controlled by a centrally located manual switch and labelled VENTILATION FAN.
B. Where a Heat Recovery Ventilator (HRV) is connected to a forced air heating system, the HRV supply shall be directly connected to the forced air heating system return air side.

P. Certification				
Last name	First name	Corporation or partnership		
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number	Firm BCIN	Designer BCIN	HRAI Number	
I hereby certify that this ventilation and heating system has been designed in accordance with the Ontario Building Code				
_____			_____	
Signature			Date	

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.