



Principle Ventilation System Information:

Number of bedrooms: _____

Principal fan exhaust speed range: _____ to _____

One: 32-48 cfm. Two: 36-56 cfm. Three: 44-64 cfm. Four: 52-76 cfm. Five: 60-90 cfm. Six bedrooms and over requires a CSA design. (ref: NBC 2020 9.32.3.3. & table 9.32.3.3.)

Principal Ventilation System Exhaust Information:

Manufacturer/Model: _____

HVI design air flow: _____ cfm low / cfm high _____

System F high ventilation rate 2.5 times: _____

Principal Ventilation System Supply Information: (choose type for use under this permit)

- Supply side of HRV balanced within 10 per cent (systems B,D,F)
- Fresh air to furnace sized and mixed air calculation to NBC 2020 (ref. NBC 2020 Table 9.32.3.11 a & b)
- Exhaust only with circulation system (system J)

Supplemental Fans Information:

Bathrooms HRV pick-up: Yes No

Bathroom fan (50 cfm minimum) manufacturer/model _____

Kitchen range hood or exhaust fan (100 cfm minimum) with grease filter when required: Yes No

Manufacturer/Model: _____ HVI

HRV pick-up with grease filter if within 3m of stove Yes No
(ref: NBC 2020 9.32.3.11)

Make-Up Air Information:

If spillage susceptible equipment is present
(Individual make up air is required for every exhaust device.)

Make-up air is not required no spillage susceptible equipment Yes No
(ref: 2020 NBC 9.32.3.8.2-8)



Other Exhaust Devices Information:

Make-up air required: Yes No
If "Yes", the manufacturer/model is required.

Manufacturer/Model: _____

Dryer 150 cfm: Yes No

Other: _____ Manufacturer/Model: _____

Mixed-air required: Yes No
(Mixed-air calculation as per 2020 NBC table 9.32.3.4. (2))

The system is designed to the 2020 NBC 9.32: Yes No
(Duct work to be as set out in the 2020 NBC tables 9.32.3.11.a & b or HRAI ventilation digests)
(HRV balancing is required within 10% and results visually posted on HRV unit.)

Property Information:

Address: _____

Applicant Information:

Company / Name: _____

Address: _____

Phone: _____

Email: _____

Designer: _____ HRAI Number (if applicable): _____

Additional Note:

Please attach any designs to this summary if applicable.

Date: _____

Name (print): _____

Signature: _____