



Corporation of the Town of Hawkesbury
BUILDING DEPARTMENT
600 Higginson Street
Hawkesbury (Ontario) K6A 1H1
Tel.: 613-632-0106, ext. 2020 Fax: 613-632-2463

RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

For systems serving one dwelling unit and conforming to the Ontario Building Code O.reg. 403/97, as amended

LOCATION OF INSTALLATION		TOTAL VENTILATION CAPACITY 9.32.3.3.(1)			
Lot #	Plan #	Bsmt & Master Bdrm	@ 10 l/s =		l/s
City/Town		Other Bedrooms	@ 5 l/s =		l/s
Roll #	Permit #	Bathrooms & Kitchen	@ 5 l/s =		l/s
Address		Other Rooms	@ 5 l/s =		l/s
BUILDER		TOTAL =			
Name		PRINCIPAL VENTILATION CAPACITY 9.32.3.4.(1)			
Address		Master Bedroom	@ 15 l/s =		l/s
City		Other Bedrooms	@ 7.5 l/s =		l/s
Telephone	Fax	TOTAL =			
		l/s			
INSTALLING CONTRACTOR		PRINCIPAL EXHAUST FAN CAPACITY			
Name		Model:	Location:		
Address		l/s	Sones	<input type="checkbox"/> HVI	
City		HEAT RECOVERY VENTILATOR			
Telephone	Fax	Model:			
COMBUSTION APPLIANCES 9.32.3.1.(1)		l/s High		l/s Low	
a) <input type="checkbox"/> Direct vent (sealed combustion) only		% Sensible Efficiency @ -25oC		<input type="checkbox"/> HVI	
b) <input type="checkbox"/> Positive venting induced draft (except fireplaces)		SUPPLEMENTAL VENTILATION CAPACITY			
c) <input type="checkbox"/> Natural draft, B-vent, or induced draft fireplace		Total Ventilation Capacity		l/s	
d) <input type="checkbox"/> Solid fuel (including fireplaces)		Less Principal Exhaust Fan Capacity		l/s	
e) <input type="checkbox"/> No Combustion Appliances		Required Supplemental Ventilation Capacity		l/s	
HEATING SYSTEM		SUPPLEMENTAL EXHAUST FANS 9.32.3.5.			
<input type="checkbox"/> Forced Air <input type="checkbox"/> Non Forced Air		Location	Make/Model	l/s	Sones HVI
<input type="checkbox"/> Electric Space Heating		_____	_____	_____	_____
HOUSE TYPE 9.32.3.1.(2)		_____	_____	_____	_____
<input type="checkbox"/> I Type a) or b) appliances only		_____	_____	_____	_____
<input type="checkbox"/> II Type I except with solid fuel (including fireplaces)		_____	_____	_____	_____
<input type="checkbox"/> III Any Type c) appliance		_____	_____	_____	_____
<input type="checkbox"/> IV Type I or II with electric space heating		_____	_____	_____	_____
<input type="checkbox"/> Other: Type I , II , or IV , no forced air		_____	_____	_____	_____
SYSTEM DESIGN OPTION		DESIGNER CERTIFICATION			
<input type="checkbox"/> 1 Exhaust Only/Forced Air System		Name			
<input type="checkbox"/> 2 HRV with Exhaust Ducts/Forced Air System		Signature			
<input type="checkbox"/> 3 HRV Simplified Connection to Forced Air System		BCIN:			
<input type="checkbox"/> 4 HRV-Full ducting/Not coupled to Forced Air System		Date			
<input type="checkbox"/> Part 6 Design		Telephone		Fax	