City of Vaughan

PART 9 - MECHANICAL VENTILATION INFORMATION
SYSTEMS SERVING ONE DWELLING UNIT IN CONFORMANCE WITH THE ONTARIO BUILDING CODE

LOCATION OF INSTALLATION

LOT # PLAN #

MUNICIPALITY: CITY OF VAUGHAN

PERMIT #

ADDRESS

COMBUSTION APPLIANCES

DESCRIPTION	hwt	furn	firepl
a) direct vent - sealed combustion			
b) induced draft			
c) natural draft - B vent			
solid fuel			
CO detector (9.32.3.8.(2))			

NO COMBUSTION APPLIANCES ☐

HEATING SYSTEM

☐ Forced Air ☐ Non Forced Air

☐ Electric Space Heat

HOUSE TYPE

☐ I Type a) or b) appliances only, no solid fuel

☐ II Type I except with solid fuel (including fireplace)

☐ III Any type c) appliance

☐ IV Electric space heating

☐ OTHER: Type I, II or IV no forced air

SYSTEM DESIGN OPTION

☐ 1 Exhaust Only/Forced Air System

☐ 2 HRV with Exhaust Ducts/Forced Air System

☐ 3 HRV Simplified Connection to Forced Air System

☐ 4 HRV Full Ducting/Not Coupled to Forced Air System

☐ Part 6 Design

Total Ventilation Capacity

Basement & Master Bedroom		@ 10 L/s	L/s
Other Bedrooms		@ 5 L/s	L/s
Bathrooms & Kitchen		@ 5 L/s	L/s
Other Rooms		@ 5 L/s	L/s
		TOTAL	L/s

NOTE: HEAT RECOVERY VENTILATORS AND EXHAUST FANS ARE REQUIRED TO BE H V I APPROVED

SJP/FORMS/mechanical vent part9

Principal Exhaust Fan Capacity

# bedrooms in dwelling unit	CAPACITY, L/s (cfm)
1	15 (31.8)
2	22.5 (47.7)
3	30 (63.6)
4	37.5 (79.5)
More than 4	Part 6 Design

PRINCIPAL EXHAUST FAN

Model: Location:

L/s cfm sones

HEAT RECOVERY VENTILATOR

Model: Location:

L/s cfm

% Sensible Efficiency @ -25° ≥ 30 L/s

SUPPLEMENTAL VENTILATION CAPACITY

Total Ventilation Capacity L/s cfm

Less Principal Ventilation Capacity L/s cfm

required Supplemental Vent. Capacity L/s cfm

SUPPLEMENTAL FANS 9.32.3.5

LOCATION	MODEL	L/s	cfm	sones

DESIGNER CERTIFICATION

I hereby certify that this ventilation system has been designed in accordance with the Ontario Building Code.

Name:

Signature:

Date:

INSTALLING CONTRACTOR

I hereby certify that this ventilation system was installed in accordance with the Ontario Building Code.

Name:

Address:

City:

Telephone: Fax: