

Ventilation Summary of Design

Forced Air
(ref: NBC 2015 9.32.3)

Radiant

No Combustion Equipment

Carbon Monoxide Alarms
(ref: NBC 2015 9.32.3.9)

Conditions:

Is spillage susceptible equipment present in house?	Yes	No
Is solid fuel equipment present in house?	Yes	No
Is soil gas a problem & no mitigation system present?	Yes	No
Are carbon monoxide alarms required? <i>(ref: NBC 2015 9.32.3.9.)</i>	Yes	No

**If you answered “No” to all of the above, you can select any type of ventilation system.
If you answered “Yes” to one of more of the above, you cannot have an exhaust only system.**

Type of Ventilation System Designed: (choose type for use under this permit)

- A** - Ventilation coupled with forced air, ventilation supply air and supplemental fans
(Mixed-air calculation as per 2015 NBC table 9.32.3.4.(2))
- B** - Ventilation coupled with forced air, heat recovery (HRV) ventilation supply air and supplemental fans.
- C** - Ventilation not coupled with forced air, with ventilation supply air and supplemental fans.
(May require heating of supply air)
- D** - Ventilation not coupled with forced air, heat recovery (HRV) ventilation supply air and supplemental fans.
- E** - Dual capacity ventilation coupled with forced air ventilation supply air and no supplemental fans – no HRV.
(Mixed-air calculation as per 2015 NBC table 9.32.3.4.(2))
- F** - Ventilation coupled with forced air, heat recovery (HRV) ventilation supply air and no supplemental fans HRV must be capable of 2.5 times the principal fan speed and have a pick-up in kitchen. Grease filter required if within 10 feet of stove, switch to turn on HRV to high speed in kitchen
- J** - Exhaust only ventilation no ventilation supply air requires a forced air circulation system either stand alone or blower on forced air system. This system cannot be used if house has solid fuel, spillage susceptible appliances or soil gas problems. *(ref: NBC 2015 9.32.3.6)*
- K** - System designed to CSA F-326 and any house with six bedrooms or more.
(ref: NBC 2015 9.32.3.1.(1)(a))

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 2015 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 2015*

(ref: NBC 2015 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 10 feet of stove (system F) Yes No

(ref: NBC 2015 9.32.3.7)

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: 2015 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 2015 NBC table 9.32.3.4. (2))

The system is designed to the 2015 NBC 9.32: Yes No
(Duct work to be as set out in the 2015 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.

Submission:

Please include completed form along with the Building Permit Application to:

City Planning & Development Division
Development Services Department
Main Floor, City Hall
PO Box 1790
Regina, SK S4P 3C8

Date: _____

Name (print): _____

Signature: _____