

## RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

For systems serving one dwelling unit & conforming to the Ontario Building Code

### COMBUSTION APPLIANCES 9.32.3.1.(1)

- a)  Direct vent (sealed combustion) only
- b)  Positive venting induced draft to dedicated sealed vent (except fireplaces)
- c)  Natural draft, B-vent or induced draft gas fireplace
- d)  Solid Fuel (including fireplaces)
- e)  No Combustion Appliances

### HEATING SYSTEM

- Forced Air  Non Forced Air
- Electric Space Heat

### HOUSE TYPE 9.32.1.(2)

- I Type a) or b) appliances only, no solid fuel
- II Type I except with solid fuel (including fireplaces)
- III Any Type c) appliance
- IV Type I, or II with electric space heat
- Other Type I, II or IV no forced air

### SYSTEM DESIGN OPTIONS O.N.H.W.P.

- 1 Exhaust only / Forced Air System
- 2 HRV with extended Exhaust Ducts / Forced Air System
- 3 HRV Simplified Exhaust Connection to Forced Air System
- 4 HRV - Full Ducting / Not Coupled to Forced Air System
- Part 6 Design

### TOTAL VENTILATION CAPACITY 9.32.3.3.(1)

Basement & Master Bedroom	_____	@ 20 cfm	_____	cfm
			_____	L/s
Other Bedrooms	_____	@ 10 cfm	_____	cfm
		@ 5 L/s	_____	L/s
Bathrooms & Kitchen	_____	@ 10 cfm	_____	cfm
		@ 5 L/s	_____	L/s
Other Rooms	_____	@ 10 cfm	_____	cfm
		@ 5 L/s	_____	L/s
Table 9.32.3.A.		TOTAL	_____	cfm
			_____	L/s

### PRINCIPAL VENTILATION CAPACITY REQUIRED 9.32.3.4.(1)

Master Bedroom	30 cfm			
	15 L/s			
Two Bedrooms	45 cfm			
	22.5 L/s			
Three Bedrooms	60 cfm			
	30 L/s			
Four Bedrooms	75 cfm			
	37.5 L/s			
Table 9.32.3.B.		TOTAL	_____	cfm
			_____	L/s
More than 4 - Part 6		PROPOSED	_____	cfm
			_____	L/s

### SUPPLEMENTAL VENTILATION CAPACITY 9.32.3.5.

Total Ventilation Capacity	_____	cfm	_____	L/s
Less Principal Ventilation Capacity	_____	cfm	_____	L/s
Required Supplemental Vent. Capacity	_____	cfm	_____	L/s

### PRINCIPAL EXHAUST FAN CAPACITY

Model: _____	Location: _____
_____ cfm	
_____ L/s	_____ Sones <input type="checkbox"/> HVI App'd

### SUPPLEMENTAL FANS 9.32.3.5.

Location	Model	L/s	cfm	Sones	HVI App'd
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### HEAT RECOVERY VENTILATOR 9.32.3.11.

Model: _____	
_____ cfm high	_____ cfm low
_____ L/s high	_____ L/s low
_____ % Sensible Efficiency @ -25° <input type="checkbox"/> HVI App'd	

### OWNER and LOCATION

Owner: _____	
Lot: _____	Concession: _____
Township: _____	Plan: _____
Address: _____	
Roll #: _____	Building Permit #: _____

### BUILDER

Name: _____	
Address: _____	
City: _____	
Telephone: _____	Fax: _____

### INSTALLING CONTRACTOR

Name: _____	
Address: _____	
City: _____	
Telephone: _____	Fax: _____

### DESIGNER CERTIFICATION

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

Name: _____	
Signature: _____	
HRAI #: _____	