

Copies are required to be provided to:

Purchaser

Authority Having Jurisdiction

Manufacturer

Installing Contractor

Project Information			
Client Name:		Installation Company:	
Project Address:		Ventilation Designer:	
City:		Designer HRAI #:	
Date:			

Design Information					
The following items 1.0 through 1.3 must be completed for Building Permit Application					
1.0 Ventilation Characteristics					
1.1 Volume of habitable Space including basement					
Basement Area (ft ²)		Basement hgt (ft)		Basement Volume (ft ³)	
Main Area (ft ²)		Main Height (ft)		Main Height (ft ³)	
Second Area (ft ²)		Second Height (ft)		Second Height (ft ³)	
Third Area (ft ²)		Third Height (ft)		Third Height (ft ³)	
				Total Volume (ft³)	(ft³)
				Total Volume (m³) (A)	(m³) (A)
1.2 Required Ventilation (5L/s required per room unless otherwise specified)					
			Indicate #'s of		
Basement (if unfinished)(10 L/s)				(L/s)	
Master Bedroom (10 L/s)				(L/s)	
Bedrooms (total not including master)				(L/s)	
Bathrooms (total including ensuite)				(L/s)	
Dining Rooms (total #)				(L/s)	
Kitchens (total #)				(L/s)	
*Other Rooms (total of all rooms)				(L/s)	
Total Ventilation Required (B)				(L/s) (B)	
*Includes family room, rec room, theatre, great room, living room, offices, etc. It does not include hallways, storage rooms and foyers					
OR					
Habitable Space (A)/12 = (C)				(L/s) (C)	
1.3 Design Ventilation Rate (Must equal or exceed (B) and (C) whichever is greater)					
				(L/s)	