

RESIDENTIAL MECHANICAL VENTILATION RECORD

(PART 9)

For internal use only

Date received

Application number

Address

Single family dwelling

Two unit dwelling

Multi unit dwelling

VENTILATION CONTRACTOR

Company name

Telephone number

Name of the ventilation contractor

Email

HEATING SYSTEMS AND APPLIANCES

Forced air

Non forced air

Ductless heat pump (mini split)

Electric

Gas

Solid fuel (including fireplace)

Other (please specify): _____

DESIGN OPTIONS

HRV not coupled to a forced air heating system (stand alone)

HRV coupled to a forced air heating system

Other (please specify): _____

EXHAUST EQUIPMENT

Down draft cook top

_____ cfm

Other (please specify): _____

_____ cfm

Total:

_____ cfm

TOTAL VENTILATION CAPACITY

Unfinished basement

_____ at 20 cfm

_____ cfm

Master bedroom

_____ at 20 cfm

_____ cfm

Other bedrooms

_____ at 10 cfm

_____ cfm

Bathrooms and kitchen

_____ at 10 cfm

_____ cfm

Other habitable rooms

_____ at 10 cfm

_____ cfm

Total:

_____ cfm

ADDITIONAL EXHAUST

Kitchen

_____ at _____ cfm

_____ cfm

Bathrooms

_____ at _____ cfm

_____ cfm

Other

_____ at _____ cfm

_____ cfm

Total:

_____ cfm

TOTAL VENTILATION CAPACITY

Manufacturer / Model: _____

Design airflow:

_____ cfm high

_____ cfm low

Supply airflow measured:

_____ cfm high

_____ cfm low

Exhaust airflow measured:

_____ cfm high

_____ cfm low

SYSTEM CERTIFICATION

I certify that this ventilation system is designed, installed and balanced in accordance with:

CSA F326

2010 NBC

Certification type and number: _____

Ventilation contractor print name

Ventilation contractor signature

Date

Personal information on this form is collected under the authority of the *Right to Information and Protection of Privacy Act* for the purpose of processing your application. Questions about this collection of personal information can be directed to the City Clerk, 333 Acadie Avenue, Dieppe, New Brunswick, E1A 1G9, 506.877.7900.

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