



SAMPLE

Municipality of Shuniah

420 Leslie Avenue
Thunder Bay, ON, P7A 1X8

Ph. 807-683-4546 Cell. 807-624-7567 Fax. 807-683-6982

Residential Building Permit Application Checklist

Customer Name: JOHN SMITH	Telephone No 127-4567	Project Address or Legal Description 1274 SOMEWHERE DR.
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IN ORDER TO COMPLETE A REVIEW, THIS FORM AND THE FOLLOWING INFORMATION MUST BE SUBMITTED. PLEASE BE ADVISED THAT UPON ACCEPTANCE, AND DURING THE PERMIT REVIEW PROCESS, THE APPLICANT MAY BE REQUIRED TO PRODUCE ADDITIONAL INFORMATION TO INSURE COMPLIANCE WITH APPLICABLE PROVINCIAL AND MUNICIPAL REGULATIONS.

- Completed Building Permit Application Form, including Schedule 1* where applicable
* Schedule 1 is completed by the various project designers and must accompany the permit application.
- Proof of Ownership (provide either a Property Deed, or an Offer to Purchase (Deed to follow)
- Authorization from Owner (if applicant other than owner).
- Three (3) sets of working drawings, including:
 - Site Plan
 - Site Drainage Plan
 - Foundation Plan - a P.Eng is required if using a slab or other non-standard construction
 - Heating Duct Layout (Two Storey Dwellings Only)
 - Floor Plan(s)
 - Roof Plan
 - Building Section(s)
 - Elevations
 - Hydronic Heating Information (In-floor/Under-floor/Geothermal)
 - Heat Loss Calculations
 - Loop/Piping Layouts
 - Baseboard Radiation locations
 - Heat Exchanger
 - Boiler Information
 - Air Handler / Coil
 - Type of Hot Water Tank
- Energy Efficiency Design Summary
- Roof Truss Layout and Certificate
- Floor Truss Layout and Certificate
- Engineered Beam Details (i.e. Parallam, Micro-lam)
- Engineered Guard Rail Design Required
- Fireplace/Woodstove/Chimney Details (provide manufacturer's installation instructions)
- Mechanical Ventilation Design (HRV and dedicated systems will require a certified designer)
- Completed Plumbing Detail Sheet, including Two (2) sets of isometric Plumbing Drawings

Permit Fee \$ 1400.00

1. Proof of adequate water supply and Potability provided?
- applicable if you are on a well system Yes No N/A
2. Septic Field Approval from Ministry of Health provided?
- applicable if you require a private septic system Yes No N/A
3. Ministry of Transportation Approval provided
- applicable if within 395m of highway intersections
- applicable within 46 metres from King's highway
- other MTO approvals may apply Yes No N/A
4. Lakehead Regional Conservation Authority Approval
- is your property in a flood plane or cut and fill area?
- does property have 'Hazard land' zoning? Yes No N/A
5. Driveway Application provided? Yes No N/A

A Building Permit is issued based on information you provide and the accuracy of the information provided affects the processing time involved in (and the possibility of) issuing of a Building Permit. By completing this form and signing below, you understand it is your responsibility to provide this information in a timely fashion in order to efficiently and effectively process your application.

Applicants Signature: _____

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Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act.

For use by Principal Authority			
Application number:		Permit number (if different):	
Date received: JAN. 1, 2014		Roll number:	
Application submitted to: <u>Municipality of Shuniah, 420 Leslie Avenue, Thunder Bay, ON, P7A 1X8</u> <small>(Name of municipality, upper-tier municipality, board of health or conservation authority)</small>			
A. Project information			
Building number, street name 1234 SOMEWHERE DR.		Unit number	Lot/con.
Municipality SHUNIAH	Postal code	Plan number/other description	
Project value est. \$	Area of work (m ²) 1200 SQ.FT.		
B. Purpose of application			
<input checked="" type="checkbox"/> New construction <input type="checkbox"/> Addition to an existing building <input type="checkbox"/> Alteration/repair <input type="checkbox"/> Demolition <input type="checkbox"/> Conditional Permit			
Proposed use of building SINGLE FAMILY DWELLING		Current use of building VACANT LAND	
Description of proposed work TO CONSTRUCT A ONE STOREY WOOD FRAME STRUCTURE ON A CONCRETE FOUNDATION.			
C. Applicant Applicant is: <input checked="" type="checkbox"/> Owner, or <input type="checkbox"/> Authorized agent of owner			
Last name SMITH.		First name JOHN	Corporation or partnership
Street address 1234 SOMEWHERE ST.		Unit number	Lot/con.
Municipality THUNDER BAY.	Postal code P7A 2X4	Province ON.	E-mail
Telephone number () 807.123.4567	Fax ()	Cell number ()	
D. Owner (if different from applicant)			
Last name - SAME -		First name	Corporation or partnership
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	

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E. Builder (optional)			
Last name		First name	Corporation or partnership (if applicable)
Street address			Unit number Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	
F. Tarion Warranty Corporation (Ontario New Home Warranty Program)			
i. Is proposed construction for a new home as defined in the <i>Ontario New Home Warranties Plan Act</i> ? If no, go to section G.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
iii. If yes to (ii) provide registration number(s):		58678	
G. Required Schedules			
i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.			
ii) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.			
H. Completeness and compliance with applicable law			
i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted). Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the <i>Building Code Act, 1992</i> , to be paid when the application is made.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992</i> .		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
iii) This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992</i> which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
iv) The proposed building, construction or demolition will not contravene any applicable law.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
I. Declaration of applicant			
I, <u>JOHN SMITH</u>			declare that:
(print name)			
1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.			
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.			
<u>JAN. 1, 2014</u>		<u>John Smith</u>	
Date		Signature of applicant	

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor, Toronto, M5G 2E5 (416) 585-6666.

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Building Permit Fee Worksheet					
Applicant	JOHN SMITH.			Permit No.	
Project Location	1274 SOMEWHERE DRIVE				
Application submitted to: Municipality of Shuniah, 420 Leslie Avenue, Thunder Bay, ON, P7A 1X8					
Residential Construction	Building Component Description	Area / Units	Cost	Permit Fee	
	Residential Dwellings				
	Main Floor Area	1200 ft ² X	\$.84 / ft ² =	1008	
	Second Floor Area	ft ² X	\$.42 / ft ² =		
	Attached Garages	ft ² X	\$.35 / ft ² =		
	Accessory Buildings				
	Main Floor Area	ft ² X	\$.35 / ft ² =		
Alterations and Additions					
Floor Area	ft ² X	\$.50 / ft ² =			
(Minimum Permit Fee of \$75.00)			Subtotal	1008	
Commercial, Industrial, & Institutional Construction	Building Component Description	Area	Cost	Permit Fee	
	Commercial, Industrial and Institutional Building Construction				
	Floor Area	ft ² X	\$.84 =		
	Institutional Construction				
	Floor Area	ft ² X	\$.84 =		
(Minimum Permit Fee of \$100.00)			Subtotal		
Other Permits	Building Component Description	Number of Units	Cost	Permit Fee	
	Permits for Temporary Buildings	X	\$50.00 =		
	Occupancy Permit – New Dwellings Only.	1 X	\$100.00 =	100	
	Certificate of Occupancy – Cottage Conversion	X	\$150.00 =		
	Other Inspections	X	\$75.00 =		
	Plumbing Permits	1 X	\$100.00 =	100	
	HVAC Permits	1 X	\$75.00 =	75	
	Moving / Demolition Permits	X	\$50.00 =		
	Change of Use Permits	X	\$75.00 =		
	Patio/Deck Permits	1 X	\$75.00 =	75	
	Swimming Pool Permits	X	\$75.00 =		
Fireplace(s) & Wood Burning Appliances - Manufactured or Masonry	1 X	\$75.00 =	75		
Designated Structures Permits	Towers, Communication Towers & Wind Towers	X	\$1,000.00 =		
	Retaining Walls	X	\$250.00 =		
Total Building Permit Fee				1423	
Please Note:					
<input type="checkbox"/> The Building Permit Fee calculated herein maybe adjusted upon completion of a Plans Review if these estimates prove inaccurate.					
<input type="checkbox"/> Areas are to be calculated based on outside dimensions.					
<input type="checkbox"/> Method of Payment can be cash, cheque or debit.					

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Municipality of Shuniah
420 Leslie Avenue
Thunder Bay, ON, P7A 1X8

Energy Efficiency Design Summary
(Part 9 Residential)

This form to be completed & signed by the person who reviews and takes responsibility for the energy efficiency design of the project
Information on completing this form is contained on the reverse

For use by Principal Authority

Application No:	Model/Certification Number:
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A. Project Information

Building number, street name 1234 SOMEWHERE DR.	Unit number	Lot/Con
Municipality SHUNIAH	Postal code P7A 2X4	Reg. Plan number / other description

B. Compliance Option

<input checked="" type="checkbox"/> SB-12 Prescriptive [SB-12 - 2.1.1.]	Table: 2.1.1.3A Package: J
<input type="checkbox"/> SB-12 Performance* [SB-12 - 2.1.2.]	* Attach energy performance calculations using an approved software
<input type="checkbox"/> Energy Star®* [SB-12 - 2.1.3.]	* Attach BOP form. House must be labeled on completion by Energy Star
<input type="checkbox"/> EnerGuide 80®*	* House must be evaluated by NRCan advisor and meet a rating of 80

C. Project Design Conditions

Climatic Zone (SB-1):	Heating Equipment Efficiency:	Space Heating Fuel Source:
<input type="checkbox"/> Zone 1 (< 5000 degree days)	<input checked="" type="checkbox"/> ≥ 90% AFUE	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Solid Fuel
<input checked="" type="checkbox"/> Zone 2 (≥ 5000 degree days)	<input type="checkbox"/> ≥ 78% < 90% AFUE	<input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Earth Energy
Windows+Skylights+Glass Doors:	% Windows+ <u>9.85%</u>	Other Building Conditions:
Gross Wall Area = 156 m ²		<input type="checkbox"/> ICF Basement <input type="checkbox"/> Walkout Basement <input type="checkbox"/> Log/Post&Beam
Gross Window+ Area = 15.7 m ²		<input type="checkbox"/> ICF Above Grade <input type="checkbox"/> Slab-on-ground

D. Building Specifications

Building Component	RSI / R values	Building Component	Efficiency Ratings:
Thermal Insulation		Windows & Doors¹	
Ceiling with Attic Space	R.50	Windows/Sliding Glass Doors	25
Ceiling without Attic Space	R.31	Skylights	—
Exposed Floor	R.31	Mechanicals	
Walls Above Grade	R.24	Space Heating Equip. ²	94%
Basement Walls	R.12	HRV Efficiency (%)	60%
Slab (all >600mm below grade)	—	DHW Heater (EF)	.67
Slab (edge only ≤600mm below grade)	R.10	NOTES	
Slab (all ≤600mm below grade, or heated)	R.10	1. Provide U-Value in W/m2.K, or ER rating	
		2. Provide AFUE or indicate if condensing type combined system used	

E. Performance Design Verification [complete applicable sections if SB-12 Performance, Energy Star or EnerGuide80 options used]

SB-12 Performance:
The annual energy consumption using Subsection 2.1.1. SB-12 Package _____ is _____ GJ (1 GJ = 1000MJ)
The annual energy consumption of this house as designed is _____ GJ
The software used to simulate the annual energy use of the building is: _____
The building is being designed using an air leakage of _____ air changes per hour @50Pa.

Energy Star: BOP form attached. The house will be labeled on completion by:

Energy Star and EnerGuide80:
Evaluator/Advisor/Rater Name: _____ Evaluator/Advisor/Rater Licence #: _____

F. Declaration [by the person who reviews and takes responsibility for the energy efficiency design]

I certify that I have reviewed the design documents submitted with the permit application, that the information contained on this form is consistent with the design documents, and that information used in any annual energy use calculations, if applicable, is a true representation of the design documents.

Name JOHN SMITH.	Signature <i>John Smith</i>	Date: JAN. 1, 2014
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Zoning and Grading Approval

For use by Principal Authority

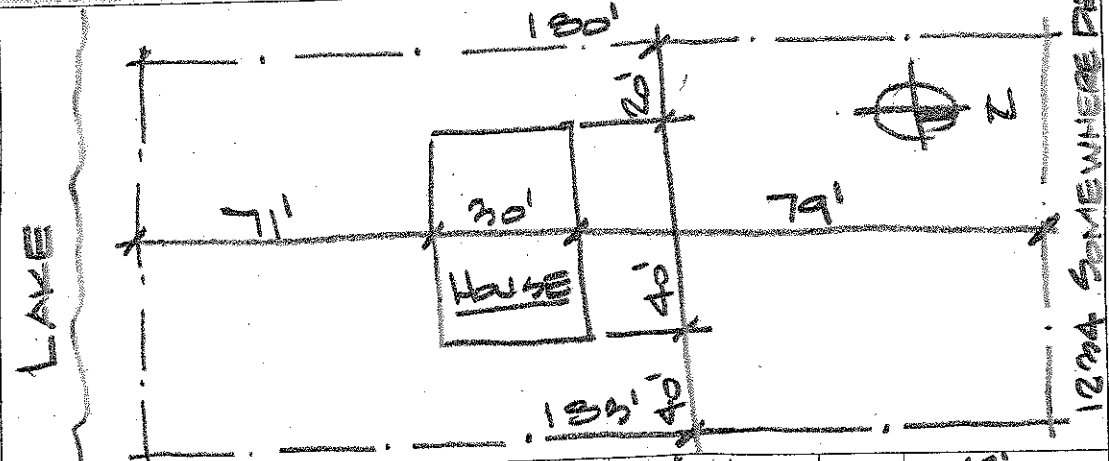
Permit number:	Roll number:
Application submitted to: Municipality of Shuniah, 420 Leslie Avenue, Thunder Bay, ON, P7A 1X8	

Project information		Unit number	Lot/con.
Building number, street name 1274 SOMEWHERE DR.			
Municipality SHUNIAH	Postal code	Plan number/other description	
Proposed Use of Building:			

Applicant: Applicant is: <input checked="" type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner		Corporation or partnership	
Last name SMITH	First name JOHN	Unit number	Lot/con.
Street address 1274 SOMEWHERE ST.		Province ON	E-mail
Municipality THUNDER BAY	Postal code P7A 2X4	Cell number	
Telephone number () 807-123-4567	Fax ()	()	

Owner (if different from applicant)		Corporation or partnership	
Last name - SAME -	First name	Unit number	Lot/con.
Street address		Province	E-mail
Municipality	Postal code	Cell number	
Telephone number ()	Fax ()	()	

Plot Plan



Building	Width: 30	Length: 40'	Height: 12'
Side Yard: 20'	Min.:	Side Yard: 40'	Min.:
Front Yard: 71'	Min.:	Rear Yard: 79'	Min.:

Office Use Only	Zone:	Approved By:
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Declaration of Applicant: JOHN SMITH certify that:
(print name)

I understand that the issuance of an approval shall not be deemed a waiver of any of the provisions of any By-laws or requirements of the Building Code Act, as amended, or regulations made there under, notwithstanding anything included in or omitted from the materials filed in support of or in connection with the above approval.

I acknowledge that in the event an approval is issued, any departure from the plans, specifications or building locations proposed in the above approval is prohibited and could result in the approval being revoked.

I acknowledge that I have satisfied myself as to the provisions of the Zoning By-law, the Building By-law, The Building Code Act and the Regulations there under and all other applicable By-laws and regulations as they apply to the lands and the proposed construction and that I have not relied upon the advice or opinion of The Corporation of the Township of Shuniah, its agents, solicitors or servants with respect thereto, nor upon the fact of the issuance of a building permit, and I hereby release the Corporation of the Township of Shuniah, its agents, solicitors and servants from any liability whatsoever which may arise in the event that it is determined that a contravention of any such law now or hereafter exists, in respect of such land and construction.

I hereby certify that I have the authority to bind hereto all owners of the said lands and premises and covenants and agree to indemnify The Corporation of the Township of Shuniah, its agents, solicitors, and servants from and against all claims from all owners of the said lands and premises arising out of granting or revocation of the Approval.

I further acknowledge that in the event the Approval is revoked for any cause or irregularity or nonconformity with any lawful requirements there shall be no right of claim whatsoever against the municipal corporation or any official thereof and any such claim is hereby expressly waived.

JAN. 1, 2014, _____
Date Signature of Applicant

SAMPLE

The zoning and lot grading plan shall include the following information:

- a) All existing natural drainage courses on the land to be developed.
- b) All buildings and structures (Existing and Proposed) including additions, decks, retaining walls and etc.
- c) Location of On-site Sewage Disposal Systems and Wells.
- d) Location of abutting neighbours structures.
- e) Existing elevations at each lot corner and at the centre of the lot and;
- f) Proposed new elevations as follows:
 - a. Finished road elevations and grades Finished grade elevations at all lot corners and at the building that is proposed for the lot.
 - b. Elevations at appropriate locations around the building are required for split or multi-level buildings.
 - c. Finished grade spot elevations along all drainage swales and at each new and existing culvert within the drainage swales.
- g) Grading details for the lot to show how rear yard drainage will be directed around the proposed building to the street or adjacent property.
- h) Details for all drainage facilities, which will be, constructed on the lot and the size and location of all proposed drainage easements.
- i) The location of the proposed septic field shall be shown along with the proposed design finished grade elevation of the septic field.
- j) The location of the Geodetic Datum used as a reference point for elevations on the lot-grading plan shall be shown on the lot-grading plan if possible or an assumed elevation can be related to the main highway or road.
- k) The recommended average slope or rear yard surfaces shall not exceed 10% and shall be measured by dividing the elevation difference by the distance using the following three measurement:
 - a. Between the rear of the building and the rear lot line Between the rear of the building and the centre line of the rear swale and From the side lot line to the side lot line on the opposite side of the lot.
 - b. The measurement giving the steepest grade shall govern.
 - c. A civil engineer shall examine extreme natural terrain elevations that exceed the recommended grades to ensure appropriate stability and erosion control.
- l) The grade difference in the rear yard shall be taken up by the use of grading as follows:
 - a. Generally the slope of the rear yard shall be between 1 ½ % and 5% to maximize the useable area of the rear yard;
 - b. Slopes shall be 1:2 maximum at the extremities of the property when matching surrounding lands and;
 - c. Retaining walls shall be used to reduce the grade differential to an acceptable amount wherever the finished grade between two adjacent properties exceeds 400 mm unless approved by the Municipality or where erosion of soil may occur.
- m) The desirable depth of a drainage swale is 200mm – 250mm. Minimum depth shall be 50 mm and the maximum depth shall be 300mm or as recommended by the engineer.
- n) The drainage flows which carry around structures shall be contained in defined swales located as far from the structure as practical and follow the property lines where possible.
- o) The type of construction for each structure on a lot shall be determined by the type of grading which is allowed by the topography of the land.

— SAMPLE —

Date: JAN. 1, 2014.

Owner(s) Name(s): JOHN SMITH.
Address: 1234 SOMEWHERE ST., THUNDERBAY, ON, P1A 2X4
Phone Number: (807) 123-4567

Attention: Chief Building Official

Subject: Letter of Authorization

Re: Lot:
Plan:
Municipality of Shuniah

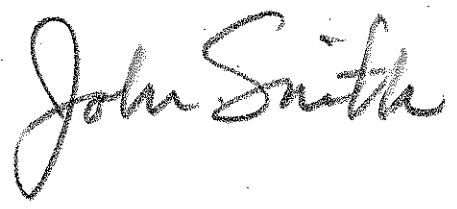
Sample

Dear Sir:

Please be advised that DO ALL BUILDERS. has the authority to apply for a Building Permit on the above-mentioned lot.

Do not hesitate to contact me personally if there are any further questions.

Yours truly,



JOHN SMITH.
Owner(s) Name(s)

— SAMPLE —

— SAMPLE —

Application for a Plumbing Permit

For use by Principal Authority						
Application number:			Permit number (if different):			
Date received: JAN. 1, 2014			Roll number:			
Application submitted to: Municipality of Shuniah, 420 Leslie Avenue, Thunder Bay, ON, P7A 1X8						
A. Project information					Unit number	Lot/con.
Building number, street name 1234 SOMEWHERE DR.						
Municipality SHUNIAH		Postal code		Plan number/other description		
Proposed Use of Building:						
B. Applicant Applicant is: <input checked="" type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner						
Last name SMITH		First name JOHN		Corporation or partnership		
Street address 1234 SOMEWHERE ST.					Unit number	Lot/con.
Municipality THUNDER BAY		Postal code P7A 2X4		Province ON		
Telephone number (807) 123-4567		Fax ()		E-mail ()		
Cell number ()						
C. Owner (if different from applicant)						
Last name — SAME —		First name		Corporation or partnership		
Street address					Unit number	Lot/con.
Municipality		Postal code		Province		
Telephone number ()		Fax ()		E-mail ()		
Cell number ()						
D. Contractor						
Last name		First name		Corporation or partnership (if applicable)		
Street address					Unit number	Lot/con.
Municipality		Postal code		Province		
Telephone number ()		Fax ()		E-mail ()		
Cell number ()						
Stacks and Vents						
Fixtures			Stacks and Vents			
Item	No. of Units	Item	No.	Diameter	Material	
Water Closets	2	Soil Stacks	1	3	ABS	
Kitchen Sinks	1	Vent Stacks	1	4	ABS	
Wash Tubs	1	Rain Water Leader				
Basins	2	Waste Pipes				
Bathtubs	2	Hose Drain				
Urinals						
Hot Water Tank	1					
Others						

— SAMPLE —

E. Attachments

- i. Attach documents establishing compliance with applicable law as set out in Article 1.1.3.3.
- ii. Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.
- iii. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the by-law, resolution, or regulation of the municipality, upper-tier municipality, board of health or conservation authority to which this application is made.

F. Declaration of applicant

I, JOHN SMITH. certify that:

(print name)

1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
2. I have authority to bind the corporation or partnership (if applicable).

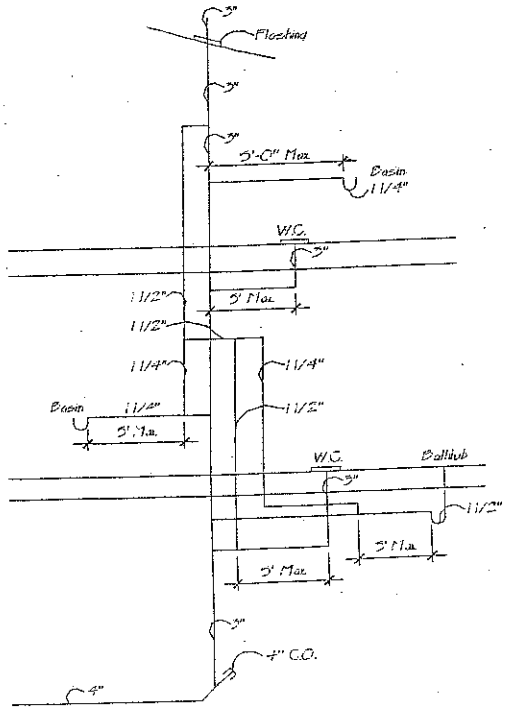
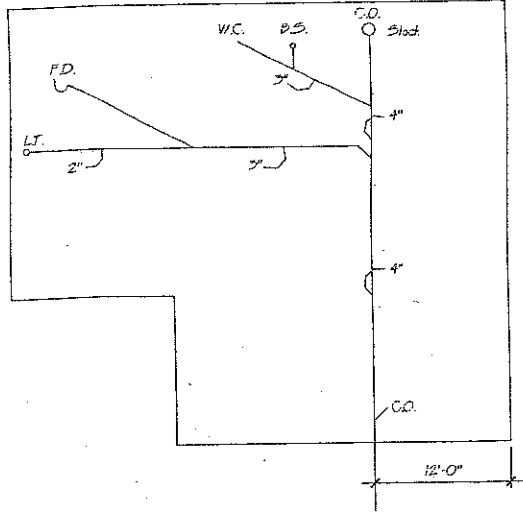
JAN. 1, 2014 Date

John Smith Signature of Applicant

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.

Diagram of Plumbing Installation

This Diagram is for Information and Guideline Only, other Installations maybe Accepted.



A - Ground Work

- Note:**
- W.C. – Water Closet
 - F.D. – Floor Drain
 - B.S. – Basin
 - L.T. – Laundry Tub
 - K.S. – Kitchen Sink
 - C.O. – Clean Out

Indicate Location of Existing Plumbing

B – Isometric Drawing

Mechanical Ventilation Design Review Form
Heat Recovery Ventilator Systems

For use by Principal Authority

Application No.:	Permit No. (if different):
B	Roll No.:

Application submitted to: Municipality of Shuniah, 420 Leslie Avenue, Thunder Bay, ON, P7A 1X8

A. Project Information		Unit number	Lot/con.
Building number, street name 1234 SOMEWHERE DR.			
Municipality SHUNIAH	Postal Code P7A 2X4	Plan number/other description	
Purpose Use of Building:			

B. Applicant			
Applicant is: <input checked="" type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner			
Last name SMITH	First Name JOHN	Corporation or partnership	
Street address 1234 SOMEWHERE ST.		Unit number	Unit number
Municipality THUNDER BAY	Postal Code P7A 2X4	Province ON	E-mail
Telephone number 807. 123. 4567	Fax	Cell number	

C. Type of Building			
<input checked="" type="checkbox"/> 1.) Detached	<input type="checkbox"/> 2.) Row	<input type="checkbox"/> 3.) Multi-Residential	<input type="checkbox"/> 4.) Other

D. Type of Heating System(s)			
<input checked="" type="checkbox"/> Forced Air	<input type="checkbox"/> Baseboard	<input type="checkbox"/> Other	<input type="checkbox"/> Solid Fuel Appliances
<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Other	
<input type="checkbox"/> Type I (1)	<input type="checkbox"/> Type II (1)	<input checked="" type="checkbox"/> Type III (1)	

E. Hot Water Source			
<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Other		
<input type="checkbox"/> Type I (1)	<input type="checkbox"/> Type II (1)	<input checked="" type="checkbox"/> Type III (1)	

F. Combustion Air	
Provide Details 4" COMBUSTION AIR	

G. Type of Equipment Applied (H.R.V. (Certified to C.S.A. - C-22.2 No. 113 and Performance Tested to CSA c439/H.V.1))	
Manufacturer NUTECH	Model No. 200 MAX
Brand Name LIFE BREATH	

H. Type of Controls		
<input type="checkbox"/> 1.) Interval Timers	<input type="checkbox"/> 2.) Manually Operated Switch	<input checked="" type="checkbox"/> 3.) HRV Controls(s) - must be centrally located adjacent to "circulation fan" control and identified. NOTE: manufacturers remote control unit acceptable

I. Type of Defrost			
<input type="checkbox"/> 1.) Detached	<input type="checkbox"/> 2.) Bypass	<input checked="" type="checkbox"/> 3.) Recirculation	<input type="checkbox"/> 4.) Other

J. Distribution System	
<input type="checkbox"/> 1.) Separate/Dedicated (Duct Size and Layout Drawing Required) (3)	<input checked="" type="checkbox"/> 2.) Integrated with Furnace (Direct Connection to R/A System Required) (4)
Manufacturer ARMSTRONG	Model No. A 952 SV
BTU/1000 Output 55,000 - 84,000	Design Static Pressure Diff. of R/A Plenum (Pa) .4
Multi Speed Fan <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(Control switch for systems which utilize the forced air heating/cooling systems must be centrally located and identified as the "CIRCULATION FAN".)
Continuous Operation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Preheating Required <input type="checkbox"/> Yes (___ Watts) <input checked="" type="checkbox"/> No	

K. Supply Ventilation (Greater of A or B)

A) 'Rooms'				Or				B) Exhaust Ventilation Continuous			
		L/s	cfm			L/s	cfm			L/s	cfm
Bsmt. & Master Bdrm.	2 @ 10 L/s (20 cfm)		40	Bsmt. & Master Bdrm.	@ 30 L/s (60 cfm)						
Other Bedrooms	2 @ 5 L/s (10 cfm)		20	Other Bedrooms	@ 15 L/s (20 cfm)						
Bathrooms & Kitchen	3 @ 5 L/s (10 cfm)		30					Total			
Other Habitable Rooms	2 @ 5 L/s (10 cfm)		20								
	Total		110	Minimum Supply Required (5)				110 x 10% = 121			

L. Outside Vented Mechanical Exhaust System

	L/s	cfm		L/s	cfm
<input checked="" type="checkbox"/> Clothes Dryer (Default 160 cfm)		160	<input type="checkbox"/> Bathroom (Default 50 cfm)		
<input type="checkbox"/> Central Vacuum			<input type="checkbox"/> Other		
<input type="checkbox"/> Kitchen Range Hood (Default 100 cfm)			Total		

M. Relief/Makeup Air Required Provide details how Relief/Makeup Air is achieved.

N. CSA F326 House Pressure Limits

1. For houses with non-direct vent combustion appliances.

2. For houses with only direct vent combustion appliances.

Note:

- Include all ventilation fans in test.
- Also include the dryer and the next largest fan for intermittent (Reference Exhaust) pressure measurement.

O. Addendum To Application

Note (1) Combustion Appliance Category
 Type I - Natural Draft Type
 Type II - Induced Draft Type
 Type III - Sealed Unit or Non-Fuel Burning Appliances

Note (2) Solid fuel appliance must have provisions for combustion air.

Note (3) Part 9 of the Ontario Building Code has duct sizing provisions for dedicated systems.

Note (4) This Department assumes that all furnaces/ductwork are sized in accordance with good engineering practice. As per Part 6 of the Ontario Building Code.

Note (5) Must include low temperature ventilation correction rate for HRV.

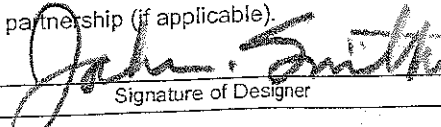
Note (6) This Department strongly recommends that each project is field tested to determine relief/make-up are requirements.

P. Certified Designer

Last name	SMITH	First Name	JOHN	Registration/Cert.#/BCIN	12345
Street address	1234 SOMEWHERE ST.		Unit number		
Municipality	THUNDER BAY.	Postal Code	P7A 2X4	Province	ON
Telephone number	807.123.4567	Fax			
Date	JAN. 1, 2014	Signature	John Smith		

Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

A. Project Information			Unit no.	Lot/con.
Building number, street name 1234 SOMEWHERE DR.		Postal code	Plan number/ other description	
Municipality SHUNIAH.	Postal code	Plan number/ other description		
B. Individual who reviews and takes responsibility for design activities				
Name JOHN SMITH.		Firm ABC HOME DESIGNS.		
Street address 1234 SOMEWHERE ST.		Unit no.	Lot/con.	
Municipality THUNDER BAY.	Postal code P7A2X4	Province ON.	E-mail	
Telephone number (807) 123.4567	Fax number ()	Cell number ()		
C. Design activities undertaken by individual identified in Section B. [Building Code Table 2.20.2.1]				
<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> HVAC – House	<input checked="" type="checkbox"/> Building Structural		
<input checked="" type="checkbox"/> Small Buildings	<input type="checkbox"/> Building Services	<input checked="" type="checkbox"/> Plumbing – House		
<input type="checkbox"/> Large Buildings	<input type="checkbox"/> Detection, Lighting and Power	<input type="checkbox"/> Plumbing – All Buildings		
<input type="checkbox"/> Complex Buildings	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> On-site Sewage Systems		
Description of designer's work DESIGN OF HOUSE, PLUMBING & HVAC.				
D. Declaration of Designer				
I, JOHN SMITH.		declare that (choose one as appropriate):		
(print name)				
<input checked="" type="checkbox"/> I reviewed and take responsibility for the design work on behalf of a firm registered under subsection 2.17.4. of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.				
Individual BCIN: 12345				
Firm BCIN: 54321				
<input type="checkbox"/> I review and take responsibility for the design work and am qualified in the appropriate category as an "other designer" under subsection 2.17.5. of the Building Code.				
Individual BCIN: _____				
Basis for exemption from registration: _____				
<input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code.				
Basis for exemption from registration and qualification: _____				
I certify that:				
1. The information contained in this schedule is true to the best of my knowledge.				
2. I have authority to bind the corporation or partnership (if applicable).				
JAN. 1, 2014				
Date		Signature of Designer		

"For the purposes of this form, "individual" means the "person" referred to in Clause 2.17.4.7.(1)(d), Article 2.17.5.1. and all other persons who are exempt from qualification under Subsections 2.17.4. and 2.17.5.

NOTE:

- Firm and Individual BCIN numbers are not required for building permit applications submitted prior to January 1, 2006
- Schedule 1 does not need to be completed by architects, or holders of a Certificate of Practice or a Temporary License under the *Architects Act*.