



CITY OF
vernon
CORPORATION OF THE CITY OF VERNON
3001 – 32 Ave, Vernon, B.C., V1T 2L8
Phone: 250-550-3634 Fax: 250-545-5309
buildingcounter@vernon.ca
www.vernon.ca

BUILDING PERMIT APPLICATION

Single & Multi Family Dwellings

New/Additions

Building Permit # _____

DOCUMENTATION/DRAWINGS REQUIRED BEFORE ACCEPTANCE OF BUILDING PERMIT APPLICATION	Submitted (√)	N/A (√)
Building Permit Application forms signed. (attached)	<input type="checkbox"/>	
Planning Bylaws checklist (filled out by designer) Please note: Checklist is currently being created.		
Title Search (must be current within 30 days) and Title Transfer if new ownership. <input type="checkbox"/> 1 copy of applicable Title charges may be required.	<input type="checkbox"/>	
Home Warranty Registration with BC Housing <input type="checkbox"/> Proof of application of HPO accepted at time of submission <input type="checkbox"/> Confirmation of registration prior to issuance of permit	<input type="checkbox"/>	
Two (2) copies of a Dimensioned Site Plan (to scale) Include all existing buildings with dimensions, landscape features such as retaining walls and pools, covenants, rights-of-way, easements. Include roof and site drainage.	<input type="checkbox"/>	
2 sets of design drawings and Drawing Checklist (to scale) <input type="checkbox"/> I have followed the drawing Checklist for guidance (attached) <input type="checkbox"/> 2 sets of structural drawings signed, sealed and dated by P. Eng., if CWC or BCBC Part 4 components incorporated into design <i>(Note: Architectural drawings may be incorporated into the Structural drawings)</i> <input type="checkbox"/> Roof, floor and beam layouts showing point load calculations <i>(Note: foundations and columns supporting point loads greater than 10,000 lbs are required to be designed by a structural engineer)</i>	<input type="checkbox"/>	
Ventilation Checklist <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 (attached) To be checked by Heating Contractor.	<input type="checkbox"/>	
Letter of Assurance - Schedule B signed and sealed by P. Eng., (structural, geotechnical, fire suppression etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Approved Development Permit if required by OCP (Hillside, Env, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Consent to Construction Form <i>(Note: if applicable i.e Lessee/Strata Owners; signed by all owners)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sewage disposal permit <input type="checkbox"/> Proof of potable water (required when municipal services are not provided)	<input type="checkbox"/>	<input type="checkbox"/>
Screened by: _____ Date: _____	<input type="checkbox"/> Insufficient information for application as noted Re-submit <input type="checkbox"/> Accepted for Application	



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PERMIT NO: _____

DATE: _____

Project Address/Legal Description: _____
 Construction Cost \$: _____

“My City” Access Code: _____
 Floor Area: sq.ft: _____

Permit Information			
Permit Type		Description: (Choose all that apply to this project)	
<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Industrial	<input type="checkbox"/> New Construction	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Two Family Dwelling	<input type="checkbox"/> Institution	<input type="checkbox"/> Addition	<input type="checkbox"/> Secondary Suite
<input type="checkbox"/> Multi-Residential	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Alteration/Reno	<input type="checkbox"/> Retaining Wall
<input type="checkbox"/> Accessory Building		<input type="checkbox"/> Leasehold Improvements	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Commercial		<input type="checkbox"/> Demolition	<input type="checkbox"/> Complex Building
<input type="checkbox"/> Manufactured/Mobile Home		<input type="checkbox"/> Garage/Carport	<input type="checkbox"/> Foundation

Description of Project: _____

Description of Business: _____

APPLIES TO NON- RESIDENTIAL APPLCIATIONS (i.e RESTAURANT, ACCOUNTING OFFICES, ETC)

Contact Information

Property Name: _____ **E-mail:** _____

Owner: Address : _____ City: _____ Province: _____
 Postal Code: _____ Phone: _____ Cell: _____

Owner's Name: _____ **E-mail:** _____

Agent: Address : _____ City: _____ Province: _____
 Postal Code: _____ Phone: _____ Cell: _____

Builder: Name: _____ **E-mail:** _____

Address : _____ City: _____ Province: _____
 Postal Code: _____ Phone: _____ Cell: _____
 Business Licence#: _____
Builder must hold a valid City of Vernon Business Licence.

The City of Vernon provides all inspection and monitoring reports by e-mail only. Please let us know who should receive a copy of these reports (home owner, contractor etc), along with their e-mail address.

Inspection Contact Name: _____ E-mail Address: _____

Application Fee

COMPLEX Application Fee **\$250** **NON- COMPLEX** Application Fee **\$50** Based on value of construction under \$100,000
(All buildings over 600 sq.m) *(All buildings less than 600 sq.m)* *or*
 \$100 Based on value of construction under \$100,000

Owner/Agent acknowledges:
 I hereby apply for a Building Permit for the construction as described herein and I hereby certify that the above information is correct and I agree to comply with all pertinent Bylaws whether the detailed information is contained herein or not, and that, if I am not the owner of the property upon which the above construction is to be carried out on, I have been authorized by way of an Agency Agreement, by the Owner as his/her Owner's Agent to act on his/her behalf. In consideration of the granting of the permission applied for I hereby agree to indemnify and keep harmless the City of Vernon against all claims, liabilities, judgements, costs and expenses of whatsoever kind, which may in any way accrue against the said corporation in consequence of and incidental to the granting of this permit.

Applicant Name: _____
(Please Print Clearly)

Applicant Signature: _____

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of responding to your request.



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SCHEDULE "1"

OWNERS UNDERTAKING

(BYLAW #4900)

PLEASE PRINT CLEARLY

PROPERTY ADDRESS:
LEGAL DESCRIPTION:

OWNER	NAME:	PHONE:
	ADDRESS:	FAX:
	POSTAL CODE:	E-MAIL:
		CELL:

This undertaking is given by the undersigned, as the owner of the property described above, with the intention that it be binding on the owner and that the Corporation of the City of Vernon will rely on same.

I confirm that I have applied for a building permit pursuant to the City of Vernon Building/Plumbing Bylaw No. 4900, and that I have carefully reviewed and fully understand all of the provisions of the Bylaw and in particular, understand, acknowledge and accept the provisions describing the purpose of the Bylaw, the conditions under which permits are issued, the disclaimer of warranty or representation and the limited extent of the scope of the Bylaw and inspections thereunder.

Without in any way limiting the foregoing, I acknowledge fully that it is my responsibility, whether or not any work to be performed pursuant to the permit applied for is done by me, a contractor or a registered professional, to ensure compliance with the Building Code and the Bylaw.

I am not in any way relying on the City or the Building Officials of the City, as defined under the Bylaw, to protect the owner or any other persons as set out in Section 1.2 of the bylaw and I will not make any claim alleging any such responsibility or liability on the part of the City or its Building Officials.

I acknowledge that as a condition of approval of a building permit I will be responsible for any infrastructure improvements directly attributable to my development as outlined in Sections 6 and 7 of the Subdivision and Development Servicing Bylaw #3843.

I acknowledge that billing of utilities (water, sewer, garbage & recycling) will commence 2 months following the date of the plumbing approval date, or immediately after installation of the ARB, unless an application to discontinue services has been received by the City of Vernon Finance Department.

DATE: _____ **PRINT NAME:** _____ **OWNER'S SIGNATURE** _____

Rev: FEB2015

SCHEDULE “2” APPOINTMENT OF AN AGENT (BYLAW #4900)

SUBJECT PROPERTY ADDRESS:		
LOT#	PLAN#	FOLIO:

REGISTERED PROPERTY OWNER	NAME:		PHONE:
	ADDRESS:		FAX:
	POSTAL CODE:	E-MAIL:	CELL:
OWNER'S AGENT	NAME:		PHONE:
	ADDRESS:		FAX:
	POSTAL CODE:	E-MAIL:	CELL:

I, the registered owner of the property identified above, hereby appoint the person identified above as my agent with authority to endorse on my behalf, applications, documents and permits and to represent me in all discussions with the City of Vernon staff in this regard.

As the registered property owner, please initial beside applicable permit (s):

APPLICATION TYPE	INITIAL	APPLICATION TYPE	INITIAL
Building		ALR	
Plumbing		Rezoning	
Demolition		OCP Amendment	
Development		Sign	
Development Variance		Access	
Subdivision		Tree Pruning / Removal	
Strata Conversion		Soil Removal/Deposition	
Site Profile		OTHER:	

DATE: _____ **PRINT NAME:** _____ **OWNER'S SIGNATURE** _____

Rev: JAN2019

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BUILDING PERMIT APPLICATION LIST OF TRADES AND SUB TRADES

MUST BE COMPLETED BY THE APPLICANT PRIOR TO ISSUANCE OF PERMIT

Project Address/Legal Description: _____

Project Type: _____ **Building Permit #:** _____

	NAME	PHONE #	BUSINESS LICENCE #
SURVEY			
EXCAVATION / FILL			
CONCRETE			
FRAMING			
INSULATION			
PLUMBING			
HEATING			
ELECTRICAL			
DRYWALL			
ROOFING			
SIDING / STUCCO			
MASONRY			
GLASS			
PAINTING			
LANDSCAPING			
PAVING			
OTHER			

I hereby make application for a Building Permit for the above captioned construction, and declare that the above statement is true and correct. ***I acknowledge that all contractors and subcontractors working on this project are required to hold a valid City of Vernon or inter-community (mobile) business licence, and that use of unlicensed contractors or sub trades may result in cancellation of inspections.***

Signature: _____ Phone # _____ Date _____
 Owner or agent



Interior Health

HEALTH PROTECTION *Less Risk – Better Health*

Building Permit and Business Licence Referral Information

Interior Health's Public Health Department oversees the promotion of health, and the prevention of disease and injury. The Health Protection Division provides services and initiatives which include supporting the regulatory and health promotion activities of Environmental Health Officers, Licensing Officers, Tobacco Enforcement Officers, Drinking Water Officers and Public Health Engineers. The Health Protection Division is responsible for enforcing legislation concerning the operation of:

- **Food Premises (includes food service, food stores, food processing, prepackaged water/ice)**
- **Pools, Hot tubs and Spray Parks (excluding those for only a single family dwelling)**
- **Adult and Child Care Facilities**
- **Personal Service Establishments (body piercing, electrolysis, tanning & hair salons and tattoo parlours)**
- **Drinking Water Supply Systems (i.e. onsite water systems other than a single family dwelling)**
- **Tobacco Sales Facilities**
- **Onsite Sewerage Disposal Systems and Land Development**

Please check the appropriate box(es) to indicate which of the above facilities are included with your proposed submission. This will flag Health Protection's responsibility for approvals related to your application for a Building Permit or Business Licence.

For more information, please refer to the following website:

<http://www.interiorhealth.ca/Health+and+Safety/> (then follow the links)

To contact a Environmental Health Officer or Licensing Officer at the Vernon Health Centre, please refer to the footer below.

OFFICE USE

- With reference to all legislation, policies and guidelines concerning this proposal, **we have no objection** to this proposal
- With reference to all legislation, policies and guidelines concerning this proposal, **we do not recommend approval** for the issuance of a building permit and/or business licence

DATE: _____

Signature of Environmental Health Officer or Licensing Officer

INTERIOR HEALTH AUTHORITY - Health Protection
VERNON HEALTH CENTRE Web: www.interiorhealth.ca

1440 – 14th Avenue, Vernon, BC V1B 2T1
Phone: 250-549-5714 Fax: 250-549-6367



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CONSENT TO CONSTRUCTION
 Acknowledgement of Lessee/Strata Owner's
 Authority to Build

Building Permit # _____

This will confirm that:

Lessee (Tenant) or Strata Owner's Name: _____

Property Address: _____

Legal Description: _____

will be making an application for Building Permit to construct certain improvements at the property described above. The undersigned acknowledges that the lessee (tenant) / strata owner has authority to build on the property.

I/We hereby certify that I/We am/are the () registered owner(s), () Strata Council, or () Property Manager of the said land(s) and do hereby consent to the above.

 Print Name

 Signature

 Print Name

 Signature

 Print Name

 Signature

 Print Company Name, where applicable

Address: _____ City: _____ Postal Code: _____

Telephone: _____ Email: _____

Date: _____



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DRAWING CHECKLIST

Building Permit # _____

The following is a checklist of information required on the drawings for a complete building permit application for non-complex buildings (less than 600 m²). The designer is required to fill out this checklist and submit it at the time of application. **Please note that incomplete applications will not be accepted.**

Drawings required AT THE TIME OF APPLICATION	Provided (√)	Notes and Comments
The plans must be suitable quality for microfilming, double line drawings, except site plans. Dimensions can be in imperial or metric but must be consistent throughout.		
Drawings to be clear and legible	<input type="checkbox"/>	
Drawings shall be drawn to scale in imperial or metric units but not mixed	<input type="checkbox"/>	
Building Code reference (Latest BCBC edition) & Structural Design Criteria	<input type="checkbox"/>	
Site Plan (Ensure all items on sample Site Plan are listed)		
Dimension window wells, projections and roof overhangs	<input type="checkbox"/>	
Zoning summary including summation of all floor area calculations.	<input type="checkbox"/>	
Spatial separation calculation, and occupancy load.	<input type="checkbox"/>	
Summation of site coverage and impermeable surfaces	<input type="checkbox"/>	
North arrow, civic address, legal description, streets and lanes location	<input type="checkbox"/>	
Site dimension as per Posting Survey	<input type="checkbox"/>	
Driveway and crossing including width, offset distance from PL and % slope, including any proposed parking pads	<input type="checkbox"/>	
Location of walkways, patios and any impervious surface	<input type="checkbox"/>	
Easements, right-of-ways, water courses, restrictive covenants, vision clearances, hydro poles and guide wires	<input type="checkbox"/>	
Water, sanitary & storm sewer connections including invert elevations, storm sewer sump, rock-pit, septic tank and field	<input type="checkbox"/>	
Tree locations (when required DP, riparian, wildfire interface, etc)	<input type="checkbox"/>	
Overall building dimensions of both principal & accessory buildings	<input type="checkbox"/>	
Distance of all building setbacks perpendicular to property lines	<input type="checkbox"/>	
Distance between principal & accessory buildings	<input type="checkbox"/>	
Existing and finished grades at all corners of principal & accessory buildings and corners of site	<input type="checkbox"/>	
Cellar / basement floor slab elevation	<input type="checkbox"/>	
Retaining walls on property with top and bottom wall elevations	<input type="checkbox"/>	

FOUNDATION, FLOOR AND ROOF PLANS	Provided (√)	Notes and Comments
Overall building depth and width of principal and accessory building	<input type="checkbox"/>	
Fully dimensioned floor plans, room names and sizes	<input type="checkbox"/>	
Stair rise, run, handrails and guards	<input type="checkbox"/>	
Location of radon system	<input type="checkbox"/>	
RSI Calculations for building envelope	<input type="checkbox"/>	
Fire Separations	<input type="checkbox"/>	
Indicate deck and garage slope	<input type="checkbox"/>	
Windows and doors including door swings, sizes, self-closing and weather seal	<input type="checkbox"/>	
Plumbing fixtures, drains, appliances, and fireplaces	<input type="checkbox"/>	
RSI Calculations provided for entire building envelope Protected Soffits	<input type="checkbox"/>	
Location of smoke alarms, carbon monoxide alarms and radon systems	<input type="checkbox"/>	
Interconnected photo-electric smoke alarm for secondary suites	<input type="checkbox"/>	
Framing details of all floor, ceiling, and roof components	<input type="checkbox"/>	
Balconies, sun decks, covered decks, porches, open to below areas, flat roofs	<input type="checkbox"/>	
CROSS SECTIONS (scale: 1/4" = 1'-0")		
Footing and foundation wall detail	<input type="checkbox"/>	
Floor to ceiling height of all floor area including crawl / roof spaces	<input type="checkbox"/>	
Elevations at each finished floor, uppermost ceiling and roof peak	<input type="checkbox"/>	
Cross section through stairs to floor above showing headroom clearance, handrail and guard height	<input type="checkbox"/>	
Construction materials: wall, floor, and roof assemblies	<input type="checkbox"/>	
Raised footing in crawlspace	<input type="checkbox"/>	
Parapet height for flat roof	<input type="checkbox"/>	
Roof venting	<input type="checkbox"/>	
Deck and garage slopes	<input type="checkbox"/>	
CONSTRUCTION DETAILS		
Footing and foundation wall	<input type="checkbox"/>	
Typical bay window/window seat and window wells	<input type="checkbox"/>	
Vaulted ceiling indicating ventilation and insulation requirements	<input type="checkbox"/>	
Roof deck indicating ventilation and insulation requirements	<input type="checkbox"/>	
Stairs: rise, run, tread depth/width, guards and handrails	<input type="checkbox"/>	
Fire separation details	<input type="checkbox"/>	
ELEVATIONS (scale: 1/4" = 1'-0")		
Existing and Building grades at building corners	<input type="checkbox"/>	
Window size and direction of opening	<input type="checkbox"/>	
Guards	<input type="checkbox"/>	
Exterior finishes	<input type="checkbox"/>	
Elevations at each finished floor, uppermost ceiling and roof peak	<input type="checkbox"/>	
Roofslope(s)	<input type="checkbox"/>	
Spatial separation calculations (limiting distance, exposing building face, allowable unprotected openings, actual openings)	<input type="checkbox"/>	

Height – to top of structure and midpoint of sloping roofs	<input type="checkbox"/>	
Elevation of roof (midpoint on sloping roofs, top of parapet on flat roofs)	<input type="checkbox"/>	
Additional information may be required upon review by the building department.	<input type="checkbox"/>	

Total Number of Fixtures (new and alterations)						
Fixture Type	Existing	Deleted	New	Total Fixture	Office Confirmation	
					Total F/U	
Bathtubs						
Shower (standalone)						
Water Closet (toilet)						
Lavatory (bathroom sink)						
Kitchen Sink						
Dishwasher						
Bar Sink						
Clothes Washer						
Laundry Sink						
Hose Bib						
Floor Drain						
Sump						
Grease Trap						
Other:						
Other:						
TOTALS:						
WATER SERVICE	Pipe Material:				Size of Pipe:	
SEWER CONNECTION	Pipe Material:				Size of Pipe:	
FIRE SPRINKLERS	Design drawings and letters of assurance required from a Fire Suppression Engineer					

1 Ventilation Checklist 1—Forced Air Systems SENTENCE 9.32.3.4(6)

Use this Checklist where **forced air heating system ducts intake and distribute** ventilation air.

Civic Address_		Permit No._	
Climate Zone: _	Number of Bedrooms	<input type="text"/>	(A) A bedroom is a room with an openable window (minimum dimensions apply), a closet and a closing interior door.
Total Floor area of conditioned space		<input type="text"/> ft ²	(B)
Total Interior Volume of Dwelling		<input type="text"/> ft ³	Total volume includes all heated interior spaces
.5 ACH (air changes/hr) = Volume x 0.5 ÷ 60 =		<input type="text"/> cfm	(C) Exhaust appliances exceeding .5 ACH may require make-up air.

1. Principal Ventilation System Exhaust Fan Minimum Air-flow Rate

Use the bedroom count from Box (A) and Total square footage from Box (B) above and Table 9.32.3.5. to determine

Minimum Required Principal Exhaust System Capacity cfm (D)

2. Principal System Fan Choice

a) Exhaust Fan continuous running Make

Model_ Sone Rating _

Capacity at 0.2 ESP cfm (E) Must be ≥ than Box (D)

Location: _

If CEV, capacity @0.4ESP

3. Fan Duct Size and Equivalent Length

Use actual fan cfm in Box(E) above and Table 9.32.3.8 (3) [See note at bottom of page for larger fan duct sizing].

a) Length of duct ft + Exterior hood 30ft + number of 90° elbows _ X 10 ft = _ **Equivalent Length**

Maximum Equivalent Length allowed in Table 9.32.3.8(3) = _

b) Fan Duct size: _ inches Ø Duct type: _ Rigid _ Flex

4. Required Kitchen and Bathroom Exhaust Fans: Re-list below if Principal Exhaust Fan meets all or part of Kitchen/Bathroom spot Exhaust requirements.

ROOM	REQUIRED EXHAUST RATE Table 9.32.3.6	EXHAUST EQUIPMENT						Ex.Fan/CEV
		Spot Exhaust Kitchen & Bath WALL/CEILING FANS					Principal System CFM	
		Fan Make & Model	CFM @ 0.2 ESP Manf. Rated	*Duct Sizing per Table 9.32.3.8.(3)		Installed Equiv. Length		
rigid	flex	Max. Equiv. Length per table						
							TOTAL (must = Box E)	

* For fan capacities **exceeding** 175cfm in Table 9.32.3.8(3), follow manufacturer's installation instructions or use good engineering practice to size duct.

See *Ventilation Guidelines* Appendix page 16-A

5. Fresh Air must be ducted from outside to Return Air of furnace for distribution.

- a) Duct length from this connection to furnace cabinet must be 15 ft maximum and 10 ft minimum unless a flow control device is used. Duct length confirmed at _ feet.
- b) Duct Size for Fresh Air intake to RA:
 4" Ø minimum for Rigid Duct. Must be insulated & vapour barriered for full length. _ confirmed.
 5"Ø minimum for insulated, vapour barriered Flex Duct _ confirmed.

6. Forced Air Furnace system ducted to supply air to every bedroom and any level without a bedroom_ confirmed.

7. If Heated Crawlspace present, state method of ventilating_

MAKE-UP AIR Requirements

1. NAFFVA (Naturally Aspirated Fuel Fired Vented Appliance) or radon present in dwelling unit? Sentence 9.32.4.1

- Yes, Proceed to Step 2
- No, Omit Steps 2 & 3

2. Exhaust Appliance present which exceeds Box C 0.5 ACH:

- Yes, Proceed to Step 3
- Yes, Commit to **Depressurization Test** (See CAUTION, TECA Vent Manual pg 24)
- No such appliance. Omit Step 3

3. Use Active Make-up Air for Exhaust Appliance.

Make-up Air Fan required:

Exhaust Appliance Actual Installed Cfm _

Fan Make _ Model _

Make-up Air Fan Cfm _

Duct diameter _ inches

Fan Location _ Fan ducted to _

a) Active Make-up Air delivered to an Unoccupied Area first (not directly to room containing the appliance).

i) Tempering Required per 9.32.4.1.(4)(a):

Show calculation & describe how make-up air will be tempered to at least 34°F (1°C) before entering unoccupied area.

ii) Transfer Grill Required: Size 1 sq in of gross area per 2 cfm):

Transfer grill size _ sq. in. Location _

iii) Additional Tempering Required per 9.32.4.1.(4)(b) before transfer to occupied area: Show calculation and describe how make-up air will be further tempered to at least 54°F (12°C).

OR b) Active Make-up Air delivered to an Occupied Area: Tempering Required. Show calculation and describe how make-up air will be tempered to at least 54°F (12°C).

Installer Certification:

Date _

I hereby certify that the design and installation of the ventilation system complies with the 2012 B.C. Building Code, 2014 Section 9.32 Amendment.

2014 TECA Ventilation Certification Stamp

Print Name_

Signature_

Company_

Phone _



2 Ventilation Checklist 2—HRV Systems SENTENCE 9.32.3.4 (3) & (4)

Use this checklist when a centrally ducted HRV (heat recovery ventilator) is used alone or in combination with a Forced Air furnace to meet principal ventilation system requirements.

1. Use the bedroom count (Box A above) and total square footage (Box B above) to determine the

Civic Address					Permit No.		
Climate Zone:	Number of	<input type="text"/>	(A)	A bedroom is a room with an openable window (minimum dimensions apply).			<input type="text" value="cfm"/>
	Total Floor area of conditioned	<input type="text" value="ft²"/>	(B)				
	Total Interior Volume of	<input type="text" value="ft"/>		Total volume includes all heated interior			
.5 ACH (air changes/hr) = Volume x 0.5 ÷ 60		<input type="text" value="cfm"/>	(C)	Exhaust appliances exceeding .5 ACH may require make-up			

minimum principal Air Flow rate required by Table 9.32.3.5

Minimum Required Rate (D)

2. HRV Make

Model

3. HRV Capacity: CFM @ 0.4 ESP. Box E must meet Box D requirement.

(E)

4. List Exhaust Grilles Locations: 1 minimum @ 6ft or higher from floor of uppermost level.

5. Required Kitchen and Bathroom Exhaust

If HRV used to meet all or part of Kitchen/Bathroom spot exhaust requirements list below.

ROOM	REQUIRED EXHAUST RATE Table 9.32.3.6	EXHAUST EQUIPMENT						HRV Principal System CFM
		Spot Exhaust Kitchen & Bath WALL/CEILING FANS						
		Fan Make & Model	CFM @ 0.2 ESP Manf. Rated	*Duct Sizing per Table 9.32.3.8.(3)		Max. Equiv. Length per table	Installed Equiv. Length	
rigid	flex							
							TOTAL (must = Box E)	

* For fan capacities **exceeding** 175cfm in Table 9.32.3.8(3), follow manufacturer's installation instructions or use good engineering practice to size duct. See *Ventilation Guidelines* Appendix page 16-A

6. HRV Fresh Air Distribution (choose A or B option)

A) Supply Air from HRV direct connect to Return Air of a Forced Air Furnace system:

Furnace Fan continuous operation: yes and Forced Air system ducted to supply air to every bedroom and any level without a bedroom: yes and heated crawlspace: yes

B) Supply Air from HRV distributed independently to every bedroom and any level without a bedroom and to a heated crawlspace. List distribution grille locations: _

MAKE-UP AIR Requirements

1. NAFFVA (Naturally Aspirated Fuel Fired Vented Appliance) or radon present in dwelling unit? Sentence 9.32.4.1

Yes, Proceed to Step 2

No, Omit Steps 2 & 3

2. Exhaust Appliance present which exceeds Box C 0.5 ACH:

Yes, Proceed to Step 3

Yes, Commit to

No such appliance. Omit Step 3

Depressurization Test (See CAUTION, TECA Vent Manual pg 24)

3. Use Active Make-up Air for Exhaust Appliance.

Make-up Air Fan required:

Exhaust Appliance Actual Installed Cfm _

Fan Make _

Model _

Make-up Air Fan Cfm _

Duct diameter _ inches

Fan Location _

Fan ducted to _

a) Active Make-up Air delivered to an Unoccupied Area first (not directly to room containing the appliance).

i) Tempering Required per 9.32.4.1.(4)(a):

Show calculation & describe how make-up air will be tempered to at least 34°F (1°C) before entering unoccupied area.

ii) Transfer Grill Required: Size 1 sq in of gross area per 2 cfm):

Transfer grill size _

sq. in.

Location _

iii) Additional Tempering Required per 9.32.4.1.(4)(b) before transfer to occupied area: Show calculation and describe how make-up air will be further tempered to at least 54°F (12°C).

OR b) Active Make-up Air delivered to an Occupied Area: Tempering Required. Show calculation and describe how make-up air will be tempered to at least 54°F (12°C).

Installer Certification:

Date _

I hereby certify that the design and installation of the ventilation system complies with the 2012 B.C. Building Code, 2014 Section 9.32 Amendment.

2014 TECA Ventilation Certification Stamp

Print Name _

Signature _

Company _

Phone _



3 Ventilation Checklist 3—Distributed CRV Systems SENTENCE 9.32.3.4(5)

Use this Checklist when a ducted Central Recirculating Ventilator (CRV) is used to meet the fresh air intake and distribution requirements and a Principal Exhaust fan meets the exhaust requirements.

Civic Address_		Permit No._	
Climate Zone: _	Number of Bedrooms	<input type="text"/>	(A) A bedroom is a room with an openable window (minimum dimensions apply), a closet and a closing interior door.
Total Floor area of conditioned space		<input type="text"/> ft ²	(B)
Total Interior Volume of Dwelling		<input type="text"/> ft ³	Total volume includes all heated interior spaces
.5 ACH (air changes/hr) = Volume x 0.5 ÷ 60 =		<input type="text"/> cfm	(C) Exhaust appliances exceeding .5 ACH may require make-up air.

1. Principal Ventilation System Exhaust Fan Minimum Air-flow Rate

Use the bedroom count from Box (A) and Total square footage from Box (B) above and Table 9.32.3.5. to determine

Minimum Required Principal Exhaust System Capacity cfm (D)

2. Principal System Fan Choice

a) Exhaust Fan continuous running Make

Model_ Sone Rating _

Capacity at 0.2 ESP cfm (E) Must be ≥ than Box (D)
If CEV, capacity @0.4ESP

Location: _
Must be ≥ than Box (D)

3. Fan Duct Size and Equivalent Length

Use actual fan cfm in Box(E) above and Table 9.32.3.8 (3) [See note at bottom of page for larger fan duct sizing].

a) Length of duct ft + Exterior hood 30ft + number of 90° elbows _ X 10 ft = _ **Equivalent Length**
Maximum Equivalent Length allowed in Table 9.32.3.8(3) = _

b) Fan Duct size: _ inches Ø Duct type: Smooth Flex

4. Required Kitchen and Bathroom Exhaust Fans: Re-list below if Principal Exhaust Fan meets all or part of Kitchen/Bathroom spot Exhaust requirements.

ROOM	REQUIRED EXHAUST RATE Table 9.32.3.6	EXHAUST EQUIPMENT						Principal System CFM	
		Spot Exhaust Kitchen & Bath WALL/CEILING FANS					Ex.Fan/CEV		
		Fan Make & Model	CFM @ 0.2 ESP Manf. Rated	*Duct Sizing per Table 9.32.3.8.(3)		Max. Equiv. Length per table	Installed Equiv. Length		Principal System CFM
				rigid	flex				
TOTAL (must = Box E)									

* For fan capacities **exceeding** 175cfm in Table 9.32.3.8(3), follow manufacturer's installation instructions or use good engineering practice to size duct.
See *Ventilation Guidelines* Appendix page 16-A

5. CRV Recirculation and Fresh Air Intake Fan

Capacity @ cfm (F)
0.4 ESP

Make_ Model_
Box F CFM: minimum 2 times Box D cfm for +5°F and warmer winter design temperature. Confirmed
minimum 3 times Box D for less than +5°F winter design temperature. Confirmed

Duct Size for Fresh Air intake into return air of CRV: Min 4"Ø rigid duct , or 5", flex duct .

6. CRV Fresh Air circulation (Choose option a or b)

a) Draw air from bedrooms and Supply air to common area.

List location of supply grille _ and location of each bedroom return grille

b) Draw air from common area and Supply air to bedrooms.

List location of return grille _ and location of each bedroom supply grille

7. If Heated Crawlspace present, state method of ventilating_

MAKE-UP AIR Requirements

1. NAFFVA (Naturally Aspirated Fuel Fired Vented Appliance) or radon present in dwelling unit? Sentence 9.32.4.1

Yes, Proceed to Step 2 No, Omit Steps 2 & 3

2. Exhaust Appliance present which exceeds Box C 0.5 ACH:

Yes, Proceed to Step 3 Yes, Commit to No such appliance. Omit Step 3

Depressurization Test (See CAUTION, TECA Vent Manual pg 24)

3. Use Active Make-up Air for Exhaust Appliance.

Make-up Air Fan required:

Exhaust Appliance Actual Installed Cfm _

Fan Make_ Model_

Make-up Air Fan Cfm _

Duct diameter_ inches

Fan Location_ Fan ducted to_

a) Active Make-up Air delivered to an Unoccupied Area first (not directly to room containing the appliance).

i) Tempering Required per 9.32.4.1.(4)(a):

Show calculation & describe how make-up air will be tempered to at least 34°F (1°C) before entering unoccupied area.

ii) Transfer Grill Required: Size 1 sq in of gross area per 2 cfm):

Transfer grill size_ sq. in. Location_

iii) Additional Tempering Required per 9.32.4.1.(4)(b) before transfer to occupied area: Show calculation and describe how make-up air will be further tempered to at least 54°F (12°C).

OR b) Active Make-up Air delivered to an Occupied Area: Tempering Required. Show calculation and describe how make-up air will be tempered to at least 54°F (12°C).

Installer Certification:

Date_

I hereby certify that the design and installation of the ventilation system complies with the 2012 B.C. Building Code, 2014 Section 9.32 Amendment.

2014 TECA Ventilation Certification Stam

Print Name_

Signature_

Company_

Phone_

