

- Force Air Equipment** **Radiant** **No Combustion**
(Subsection 9.32.3. NBC 2020)

- Carbon Monoxide Alarms**
(Article 9.32.3.9; see also the [Government of Saskatchewan advisory](#))

Conditions:

- Is spillage susceptible equipment present in house? Yes No
- Is solid fuel equipment present in house? Yes No
- Is soil gas a problem & no mitigation system present? Yes No
- Are carbon monoxide alarms required?
(Article 9.32.3.9; see also the [Government of Saskatchewan advisory](#)) Yes No

If you answered “**No**” to all of the above, you **can** select any type of ventilation system.

If you answered “**Yes**” to one of more, you **cannot** have an exhaust only system.

Type of Ventilation System Designed: (choose type for use under this permit)

- A** Ventilation coupled with forced air, ventilation supply air and supplemental fans.
(Mixed-air calculation as per Table 9.32.3.4.(2) NBC 2020)
- B** Ventilation coupled with forced air, heat recovery (HRV) ventilation supply air and supplemental fans.
- C** Ventilation not coupled with forced air, with ventilation supply air and supplemental fans.
(May require heating of supply air)
- D** Ventilation not coupled with forced air, heat recovery (HRV) ventilation supply air and supplemental fans.
- E** Dual capacity ventilation coupled with forced air ventilation supply air and no supplemental fans – no HRV. (Mixed-air calculation as per Table 9.32.3.4.(2) NBC 2020)
- F** Ventilation coupled with forced air, heat recovery (HRV) ventilation supply air and no supplemental fans HRV must be capable of 2.5 times the principal fan speed and have a pick- up in kitchen. Grease filter required if within 10 feet of stove, switch to turn on HRV to high speed in kitchen.
- G** Exhaust only ventilation no ventilation supply air requires a forced air circulation system either stand alone or blower on forced air system. This system cannot be used if house has solid fuel, spillage susceptible appliances or soil gas problems. (Article 9.32.3.6. NBC 2020)
- H** System designed to CSA F-326 and any house with six bedrooms or more. (Clause 9.32.3.1.(1)(a) NBC 2020)

Principal Ventilation System Information:

Number of bedrooms: _____

Principal fan exhaust speed range: _____ to _____

One: 32-48 cfm

Two: 36-56 cfm

Three: 44-64 cfm

Four: 52-76 cfm

Five: 60-92 cfm

Six bedrooms and over is required to comply with System K (Article 9.32.3.3. and Table 9.32.3.3. NBC 2020)

Principal Ventilation System Exhaust Information:

Manufacturer/Model: _____

Principal fan exhaust speed range: _____ cfm low/cfm high _____

System F high ventilation rate 2.5 times: _____

Principal Ventilation Supply Information: (choose type for use under this permit)

- Supply side of HRV balanced within 10% (Systems B,D,F)
- Fresh air to furnace sized and mixed air circulation (Table 9.32.3.11.-A & Table 9.32.3.11.-B NBC 2020)
- Exhaust only with circulation system (System G)

Supplemental Fans Information:

Bathroom HRV provided: Yes No

Bathroom fan (50 cfm minimum) manufacturer/model: _____

Kitchen range hood or exhaust fan (100 cfm minimum) with grease filter when required: Yes No

Manufacturer/Model: _____ HVI

HRV provided with grease filter if within 3 m of cooktop (Article 9.32.3.11. NBC 2020) Yes No

Makeup Air Information:

Is spillage susceptible equipment being installed/present (Sentences 9.32.3.8.(2)-(8) NBC 2020): Yes No
If "Yes", the manufacturer/model is required

Manufacturer/Model: _____

Other Exhaust Devices Information:

Dryer cfm: _____

Other: _____ Manufacturer/Model: _____

Mixed Air Required (Calculations as per Table 9.32.3.4. NBC 2020) Yes NoThe system is designed to Subsection 9.32. NBC 2020: Yes No

- Duct work to be set out in Tables 9.32.3.11.-A & 9.32.3.11.-B or HRAI ventilation digests
- HRV Balancing is required within 10% and results visually posted on HRV unit

Property Information:

Owner/Project Name: _____

Project Address/Land Location: _____

Municipality: _____

Mechanical Contractor Information:

Company Name: _____

Address: _____

Phone: _____

Email: _____

Designer: _____ HRAI Number (if applicable): _____

Please attach any designs to this summary if applicable.

Date: _____

Name: _____

Signature: _____