City of Brandon – Planning & Buildings Department

PART 9 RESIDENTIAL MECHANICAL VENTILATION DESIGN SCOPE OF WORK

For systems serving one dwelling unit and conforming to 9.32 of the 2010 M.B.C.

** Mandatory fields must be filled out or the permit application will not be processed*

* LOCATION OF PROPOSED INSTALLATION

*Builder:

*Owner:

*Civic Address:

* PRINCIPAL VENTILATION FAN/HRV 9.32.2.3

*Make:

*Model:

* INSTALLING CONTRACTOR

*Name:

*City/Province:

*Address:

*Postal Code:

*Email:

*Phone:

* VENTILATION PERFORMANCE & EFFICIENCY

Number of Bedrooms = CFM

□ 1=32-48 CFM

□ 2=36-56 CFM

□ 3=44-64 CFM

□ 4=52-76 CFM

□ 5=60-90 CFM

□ Sensible heat recovery efficiency 55% tested @ -25 C

□ More than 5 bedrooms = Design to CSA-F326-M90

HEATING SYSTEM

Choose only applicable options

□ Forced air natural gas

□ Forced air electric

□ Forced air hydronic

□ Hydronic in-floor

□ Hydronic unit heater

□ Electric unit heater

□ Natural gas unit heater

□ Earth Energy (Geothermal)

□ Electric baseboard

SYSTEM DESIGN OPTION 9.32.3

Choose 1 of the following options

□ HRV-Supply connected to forced air return, extended exhaust ducts.

□ HRV-Supply and Exhaust connected to forced air return. (Simplified Method)

□ HRV-not connected to forced air system. (Stand-alone)

□ Design to CAN/CSA-F326-M91.

MINIMUM EQUIPMENT EFFICIENCY RATINGS 9.36.3.10

Choose only applicable options

□ Natural gas furnace efficiency 94%

□ Natural gas boiler 90%

□ Natural gas unit heater 82%

□ Central air-conditioner (split system) SEER 13

□ Electric boiler equipped with automatic water temp control

□ Natural gas/propane fireplace - direct vented without standing pilot

SUPPLEMENTAL FANS 9.32.3.7

1. Location: *KITCHEN*
   Fan Make: Model:
   Design Air Flow: _____CFM
2. Location:
   Fan Make: Model:
   Design Air Flow: _____CFM
3. Location:
   Fan Make: Model:
   Design Air Flow: _____CFM

COMBUSTION APPLIANCES	ADDITIONAL INFORMATION
Choose only applicable options	*Choose only applicable option*
□ Combustion appliances non-spillage susceptible	□ Basement area finished
□ Solid fuel chimney-connected	□ Basement area unfinished
□ Combustion appliances direct vent	□ Heated crawlspace
□ No combustion appliances	□ Slab on grade

CERTIFICATION (A designer of CAN/CSA F-326-M90 must be HRAI Level I or level II certified)	
*Signature:	HRAI # (required for designs exceeding 5 bedrooms):

HRV System Schematic Drawing

Note: Drawing shall indicate locations of HRV exhaust/supply outlets and duct sizes.

HRV PLAN REVIEW *OFFICE USE ONLY*	
Make & Model:_____ Number of Bedrooms:_____ Design Airflow:_____CFM Low Design Airflow:_____CFM High Sensible Recovery Efficiency:____Tested at -25C with a minimum Net Airflow of _____CFM Equipment External Static Pressure:_____ In. Wg Outside Duct Run (Exhaust Port Size)____Inches Outside Duct Run Effective Length:_____FT. Equipment Ext. Static Pressure Loss:_____In. Wg Available External Static Pressure:_____In. Wg.	Longest Trunk Run "Effective Length":_____FT. Available External Static Pressure:_____In. Wg Net Supply Air Flow:_____CFM Gross Air Flow:_____CFM Gross HRV Exhaust Capacity:_____CFM Minimum size of trunk duct to the first tee: _____