

## **New Construction of Single Family Dwelling/Duplex Checklist**

Address: \_\_\_\_\_ Date: \_\_\_\_\_

***Please note that only complete applications will be accepted. Please attach this checklist when submitting the application.***

- ☐ Building Permit Application  
Completed form including:
  - Property information
  - Contact information
  - Building area and estimated value of construction
  - Property size and zoning
  - Signed and dated by the owner or agent
  
- ☐ Plumbing Permit Application  
See attached Plumbing Permit  
(Plumbing permit required to issue service connection permit)
  
- ☐ TECA Ventilation Checklist  
See attached, Relevant TECA Ventilation Checklist completed and attached
  
- ☐ Service Connection Permit Application  
Plumbing Permit required
  
- ☐ Owner Authorization Form (If Applicable)  
Required when an agent is submitting the application on behalf of the property owner.  
Must be completed and signed by the property owner.
  
- ☐ Land Title  
If the land title is not supplied with the application, an additional charge of \$12.50 (\$11.37 + 10% Admin fee) will be added to the building permit fee for the City to acquire the title. Any additional charges for restrictive covenants (+ 10% admin fee) will be added to the building permit fee
  
- ☐ Home Warranty Registration Form  
Completed form

☐ **Site Plan**

Two physical copies or one digital copy, drawn to scale showing:

- Owners name and contact information
- North arrow
- The legal description and civic address of the parcel if it has been designated
- The dimensions of the parcel taken from the registered plan of subdivision The location and dimensions of all statutory rights of way, easements and setback requirements
- Dimensions from property lines, the location of the proposed building setbacks.
- The location and dimensions of all existing buildings or structures on the parcel
- The similarly dimensioned location of every adjacent existing building on the property
- Existing and finished ground levels to an established datum at or adjacent to the site
- The location and dimensions of the proposed construction on the site showing the nearest measurement to each parcel boundary. (including decks and covered decks).
- Drainage plan designed to current City of Dawson Creek Development and Subdivision and Servicing Bylaw requirements
- The location and grade of driveway access
- Tree locations (minimum one required per property)
- Location of security fencing that meets Division B Part 8 of BC Building Code (safety measures at constructions sites)

Refer to Development and Subdivision and Servicing Bylaw  
<https://www.dawsoncreek.ca/departments/corporate-administration/bylaws/>

For permitted uses and building setbacks refer to the zoning bylaw and zoning map  
<https://www.dawsoncreek.ca/departments/corporate-administration/bylaws/>

☐ **Foundation Plan**

Two physical copies or one digital copy, drawn to scale showing sufficient information to show that the proposed work will conform to BC Building Code and whether or not it may affect adjacent property.

Foundation plan needs to include:

- Foundation drawings indicate the factored bearing pressures on the soil or rock
- Width and height of footings, footing pads for deck and roof columns. Rebar size and placement, keyway installation if applicable, and type and strength of concrete
- Type of foundation (conventional or ICF), width and height of wall including rebar size and placement, size of openings, concrete lintel dimensions, rebar reinforcement and type and strength of concrete
- Soil gas control measures (radon rough in)
- Rebar size and placement, concrete type and strength and thickness for concrete slab
- Waterproofing and weeping tile including sump pit location showing drainage from front of house to the curb

☐

**Floor Plan, Elevations, and Cross Sections**

Two physical copies or one digital copy, drawn to scale showing sufficient information to show that the proposed work will conform to BC Building Code.

Plans need to include:

- Building area and building height
- Floor plans, showing the dimensions and use of all rooms and other areas, the location, size, type, and swing of doors, and location, size, and opening of windows
- Cross sections of the building taken at sufficient locations to adequately illustrate all structural details, supporting elements, connections, and finishes, stair construction, clearances handrail and guardrail height and construction, including elevations, roof plan and roof height calculation
- Location of smoke alarms and carbon monoxide alarms
- Specifications detailing all materials to be used including roof and wall sheathing, roofing materials, siding materials, insulation and vapour barrier details, subflooring, interior finish materials, and species and grade of lumber framing materials
- Location and construction of any exterior decks or covered decks, framing, flashing details, stair construction, and guard and railing heights and construction
- Provisions for solar rough in

☐

**Engineered Floor Plan (If Applicable)**

Required if the flooring is not conventionally framed. **Must be stamped by a Professional Engineer.**

☐

**Engineered Truss Plan (If Applicable)**

Required if the plan is utilizing trusses. **Must be stamped by a Professional Engineer.**

☐

**Secondary suites (If Applicable, is the zoning requirements met)**

Foundation and floor plan will need to show:

- Fire separation and fire-resistance rating of all assemblies separating primary dwelling unit from secondary suite
- Closures and fire-protection rating
- The source of information for fire-resistance ratings of element of construction
- floor plans, showing the dimensions and use of all rooms and other areas of the suite, the location, size, and swing of doors, and location and size of windows
- Cross sections of the building taken at sufficient locations to adequately illustrate all structural details and finishes
- Location of smoke and carbon monoxide alarms



## Building Permit Application

### Property Information

Civic Address		PID
Legal Description		
Property Area (m <sup>2</sup> )	Zoning Designation	

### Project Information

<input type="checkbox"/>	Single Family Dwelling	<input type="checkbox"/>	Duplex up to 5-plex	<input type="checkbox"/>	Apartment
<input type="checkbox"/>	Shed	<input type="checkbox"/>	Deck	<input type="checkbox"/>	Detached Garage
<input type="checkbox"/>	Tenant Improvements (Commercial/Industrial)	<input type="checkbox"/>	New construction (Commercial/Industrial)	<input type="checkbox"/>	Manufactured Home
<input type="checkbox"/>	Wood Stove	<input type="checkbox"/>	Demolition	<input type="checkbox"/>	SFD Renovation/Addition
Estimated Value			Area of Project (m <sup>2</sup> )		
Occupancy Classification			Does this Building Fall Under Part 3 or Part 9 of BC Building Code?		
Occupancy Classifications: Group A: Assembly Group B: Care, Treatment, and Detention Group C: Residential Group D: Office & Personal Services Group E: Mercantile Group F: F-1 High Hazard Industrial F-2 Medium Hazard Industrial F-3 Low Hazard Industrial			Part 3 Buildings Consist of: <ul style="list-style-type: none"> <li>• Group A</li> <li>• Group B</li> <li>• Group F-1</li> <li>• Buildings exceeding 600m<sup>2</sup> in building area</li> </ul>		Part 9 Building Consist of: <ul style="list-style-type: none"> <li>• Group C</li> <li>• Group D</li> <li>• Group E</li> <li>• Group F-2</li> <li>• Group F-3</li> <li>• Buildings under 600m<sup>2</sup> in building area</li> </ul>

### Property Owner Information

Name	Company
Address	City & Province
Email	Postal Code
Phone	Fax

### Contractor Information

Name		Company	
Address		City & Province	
Email		Postal Code	
Phone	Fax	Business Licence Number	

### Agent / Tenant Information

Is an agent submitting the application on behalf of the property owner? ☐ Yes ☐ No

If Yes, the Owner Authorization form needs to be completed and submitted.

Will there be commercial tenants? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tenant Company Name
Contact Person	Business Licence Number
Address	City & Province
Email	Postal Code
Phone	Fax

1. I acknowledge that if I am granted a building permit pursuant to this application that I am responsible for compliance with the current edition of the British Columbia Building Code, this bylaw and any other applicable enactment, code, regulation or standard relating to the work in respect of which the permit is issued, whether or not the said work is undertaken by me or by those whom I may retain or employ to provide design and/or construction services.
2. I acknowledge that neither the issuance of a permit under this bylaw, the acceptance nor review of plans, specifications, drawings or supporting documents, nor inspections made by or on behalf of the City constitute a representation, warranty, assurance or statement that the current edition of the British Columbia Building Code, the City of Dawson Creek's Building Bylaw, Subdivision and Development Servicing Bylaw, and Sign Bylaw or any other applicable enactment, code, regulation or standard has been complied with.
3. Where the City requires that Letters of Assurance be provided by a Registered Professional pursuant to Section 11 of the City of Dawson Creek Building Bylaw and Section 55 of the Community Charter I confirm that I have been advised in writing by the City that it relied exclusively on the Letter of Assurance of "Professional Design and Commitment for Field Review" prepared by in reviewing the plans, drawings, specifications and supporting documents submitted with this application for a building permit.
4. I confirm that I have relied only on the said Registered Professional for the adequacy of plans, drawings, specifications and supporting documents submitted with this application.
5. I understand that I should seek independent legal advice in respect of the responsibilities I am assuming upon the granting of a building permit by the City pursuant to this application and in respect of the execution of this acknowledgement.

I hereby agree to indemnify and keep harmless the City of Dawson Creek against all claims, liabilities, judgements, costs and expenses which may, in any way, occur against the said City in consequence of and incidental to, the granting of this permit, if issued. I further agree to conform to all requirements of the Building Bylaw and all other statutes and bylaws in force in the City of Dawson Creek.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Arrange for inspections by phone or email

Phone: 250-784-3618

Email: [buildinginspection@dawsoncreek.ca](mailto:buildinginspection@dawsoncreek.ca)

## Plumbing Permit Application

### Property Information

Civic Address		PID
Legal Description		
Intended Occupancy	Zoning Designation	

### Project Information

	Water Closet	Urinal	Basin	Shower/ Bathtub	Kitchen Sink/ Dishwasher	Washer	Laundry Sink	Mop Sink	Hose Bib	Sprinkler Heads	Floor Drain
# of Fixtures											
Type of Vent											
Size of Vents											
Size of Waste											
Material											
Total number of fixtures					Size of water meter (Determined by Building Department)						
Size of building drain					Material of building drain						
<p>Under BC Plumbing Code Division C 2.2.2 the following information is required with a plumbing permit application to ensure that proposed construction meets BC Plumbing Code.</p> <ul style="list-style-type: none"> <li>• Location and size of every building drain and every trap and cleanout fitting that is on a building drain</li> <li>• The size and location of every soil-or-waste-pipe, trap and vent pipe, and</li> <li>• A layout of the potable water distribution system, including pipe sizes and valves.</li> </ul>											

### Property Owner Information

Name	Company
Address	City & Province
Email	Postal Code
Phone	Fax

### Contractor Information

Name		Company	
Address		City & Province	
Email		Postal Code	
Phone	Fax	Business Licence Number	

Agent / Tenant Information	
Is an agent submitting the application on behalf of the property owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, the Owner Authorization form needs to be completed and submitted.	
Will there be commercial tenants? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tenant Company Name
Contact Person	Business Licence Number
Address	City & Province
Email	Postal Code
Phone	Fax

1. I acknowledge that if I am granted a plumbing permit pursuant to this application that I am responsible for compliance with the current edition of the British Columbia Building Code, this bylaw and any other applicable enactment, code, regulation or standard relating to the work in respect of which the permit is issued, whether or not the said work is undertaken by me or by those whom I may retain or employ to provide design and/or construction services.
2. I acknowledge that neither the issuance of a permit under this bylaw, the acceptance nor review of plans, specifications, drawings or supporting documents, nor inspections made by or on behalf of the City constitute a representation, warranty, assurance or statement that the current edition of the British Columbia Building Code, the City of Dawson Creek's Building Bylaw, Subdivision and Development Servicing Bylaw, and Sign Bylaw or any other applicable enactment, code, regulation or standard has been complied with.
3. Where the City requires that Letters of Assurance be provided by a Registered Professional pursuant to Section 11 of the City of Dawson Creek Building Bylaw and Section 55 of the Community Charter I confirm that I have been advised in writing by the City that it relied exclusively on the Letter of Assurance of "Professional Design and Commitment for Field Review" prepared by in reviewing the plans, drawings, specifications and supporting documents submitted with this application for a building permit.
4. I confirm that I have relied only on the said Registered Professional for the adequacy of plans, drawings, specifications and supporting documents submitted with this application.
5. I understand that I should seek independent legal advice in respect of the responsibilities I am assuming upon the granting of a plumbing permit by the City pursuant to this application and in respect of the execution of this acknowledgement.

I hereby agree to indemnify and keep harmless the City of Dawson Creek against all claims, liabilities, judgements, costs and expenses which may, in any way, occur against the said City in consequence of and incidental to, the granting of this permit, if issued. I further agree to conform to all requirements of the Building Bylaw and all other statutes and bylaws in force in the City of Dawson Creek.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Arrange for inspections by phone or email

Phone: 250-784-3618

Email: [buildinginspection@dawsoncreek.ca](mailto:buildinginspection@dawsoncreek.ca)

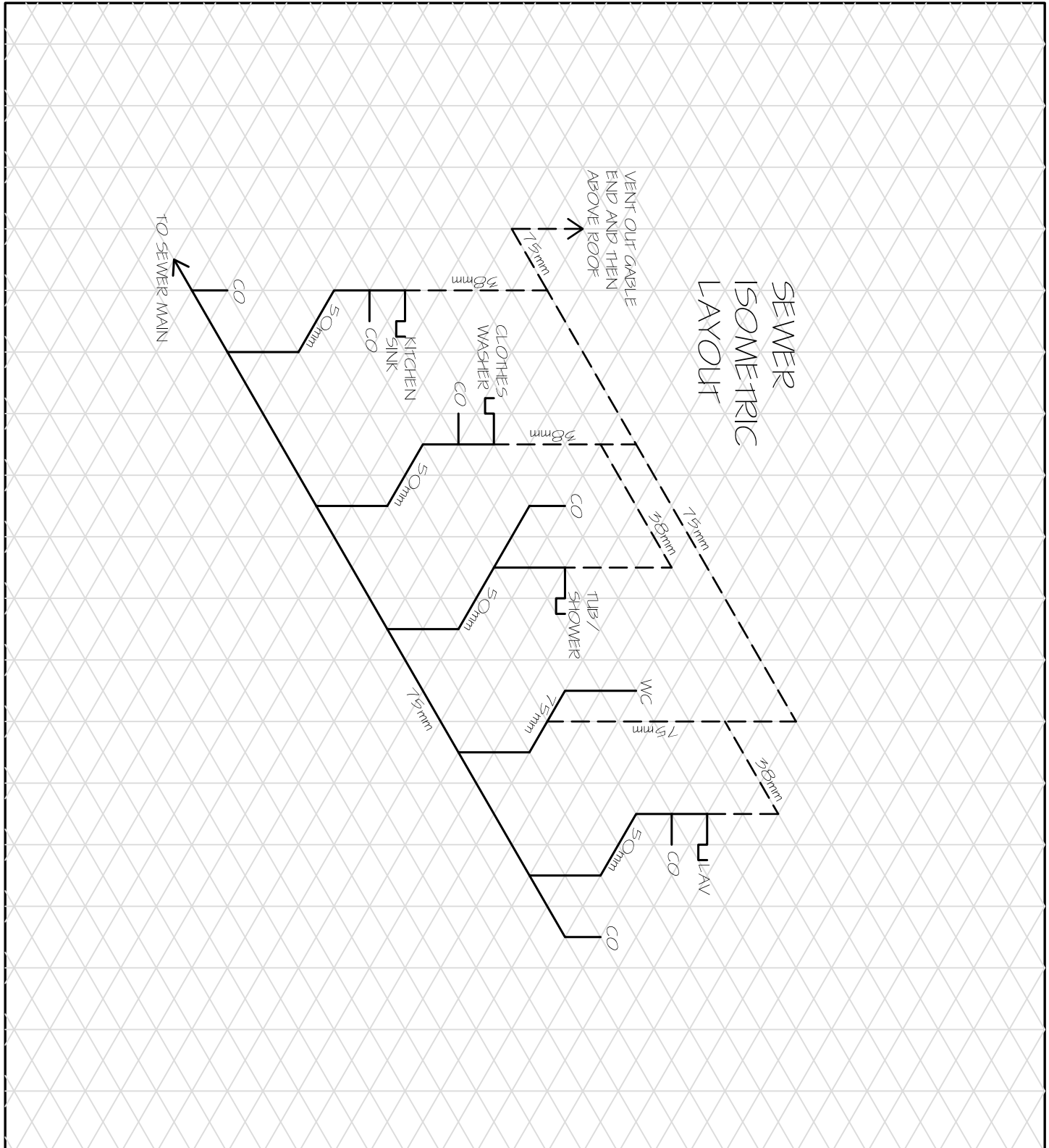


# ISOMETRIC PLAN EXAMPLE

Address: \_\_\_\_\_ Contact Name/Number: \_\_\_\_\_

Under BC Plumbing Code Division C2.2.2, the following information is required:

- Location and size of every building drain, trap, and cleanout fitting
- Location and size of every soil-or-waste-pipe, trap, and vent pipe
- A layout of the potable water distribution system, including pipe sizes and valves

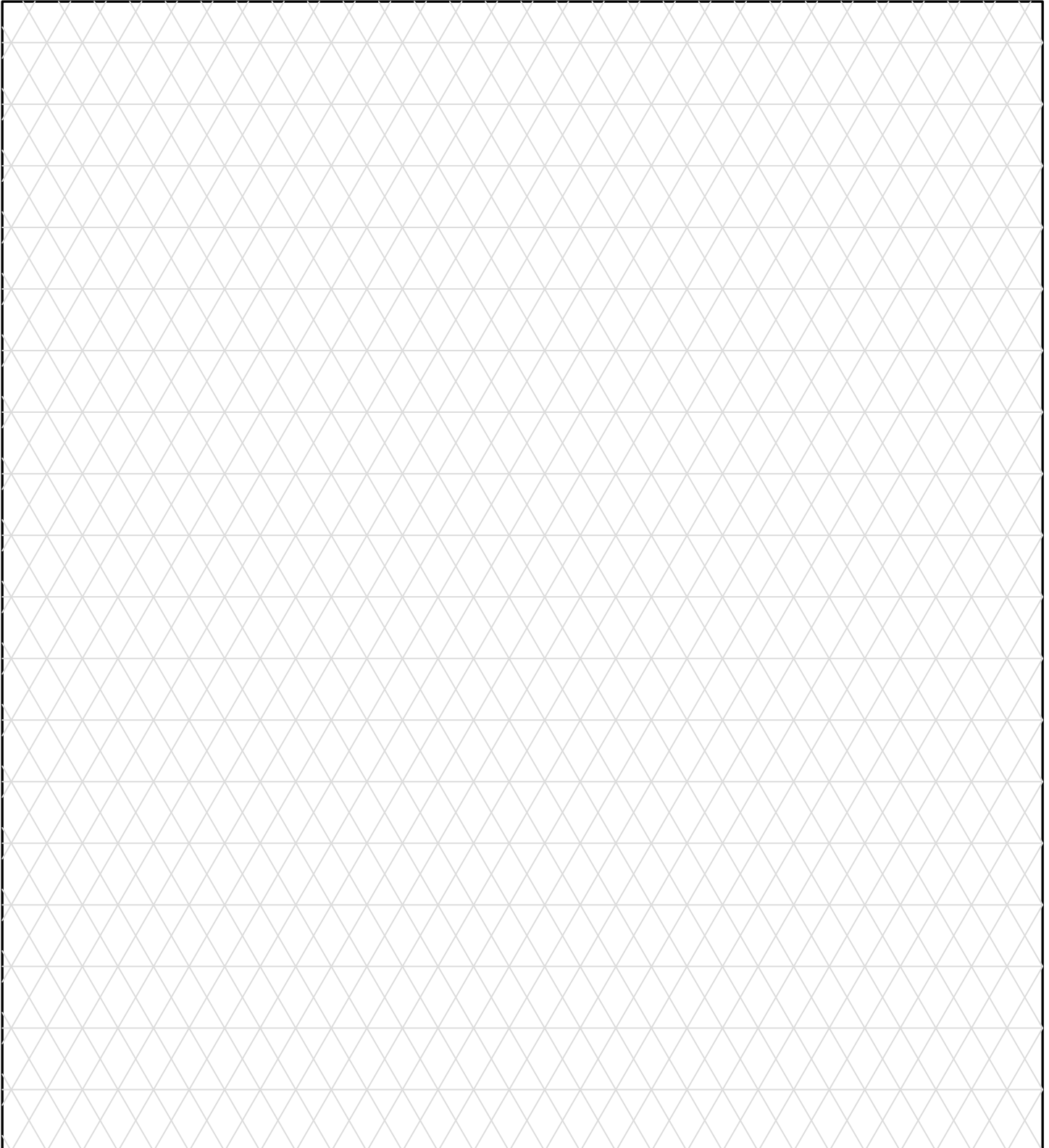


# ISOMETRIC PLAN

Address: \_\_\_\_\_ Contact Name/Number: \_\_\_\_\_

Under BC Plumbing Code Division C2.2.2, the following information is required:

- Location and size of every building drain, trap, and cleanout fitting
- Location and size of every soil-or-waste-pipe, trap, and vent pipe
- A layout of the potable water distribution system, including pipe sizes and valves

A large rectangular area filled with a light gray isometric grid pattern, intended for drawing the plumbing plan.

# 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	<div style="border: 1px solid black; width: 60px; height: 25px; display: inline-block;"></div>	(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		<div style="border: 1px solid black; width: 60px; height: 25px; display: inline-block;"></div> ft <sup>2</sup>	(B)
Total Interior Volume of Dwelling		<div style="border: 1px solid black; width: 60px; height: 25px; display: inline-block;"></div> ft <sup>3</sup>	Total volume includes all heated interior spaces
.5 ACH (air changes/hr) = Volume x 0.5 ÷ 60 =		<div style="border: 1px solid black; width: 60px; height: 25px; display: inline-block;"></div> 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 \_\_\_\_\_

Location: \_\_\_\_\_ **Capacity at 0.2 ESP** cfm (E) Must be ≥ than Box (D)  
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						
		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)			Principal System CFM	
				Duct Dia (in Ø)		Max. Equiv. Length per table		Installed Equiv. Length
rigid	flex							

\* 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

TOTAL  
(must =  
Box E)

Checklist 1, pg1of2

**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**

☐ **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 \_\_\_\_\_



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.

Civic Address _____		Permit No. _____	
Climate Zone: ____	Number of Bedrooms	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>	(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		<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto; display: flex; justify-content: flex-end; align-items: center; padding-right: 5px;">ft<sup>2</sup></div>	(B)
Total Interior Volume of Dwelling		<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto; display: flex; justify-content: flex-end; align-items: center; padding-right: 5px;">ft<sup>3</sup></div>	Total volume includes all heated interior spaces
.5 ACH (air changes/hr) = Volume x 0.5 ÷ 60 =		<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto; display: flex; justify-content: flex-end; align-items: center; padding-right: 5px;">cfm</div>	(C) Exhaust appliances exceeding .5 ACH may require make-up air.

**1. Use the bedroom count (Box A above) and total square footage (Box B above) to determine the minimum principal Air Flow rate required by Table 9.32.3.5**

### Minimum Required Rate

cfn

(D)

2. HRV Make	Model
-------------	-------

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

cfr

(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						
		Spot Exhaust Kitchen & Bath WALL/CEILING FANS						HRV
		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

**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.

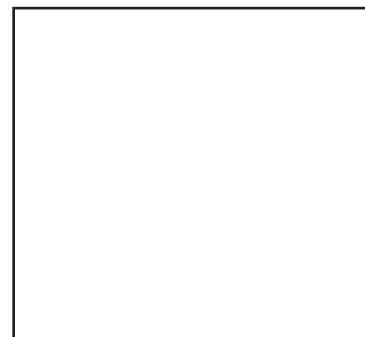
**2014 TECA Ventilation Certification Stamp**

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	<div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div>	(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		<div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div> ft <sup>2</sup>	(B)
Total Interior Volume of Dwelling		<div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div> ft <sup>3</sup>	Total volume includes all heated interior spaces
.5 ACH (air changes/hr) = Volume x 0.5 ÷ 60 =		<div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div> 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 \_\_\_\_\_

Location: \_\_\_\_\_ Capacity at 0.2 ESP  cfm (E) Must be ≥ than Box (D)  
 Must be ≥ than Box (D) 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: \_\_\_\_\_ 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						
		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)			Principal System CFM	
				Duct Dia (in Ø)		Max. Equiv. Length per table		
				rigid	flex		Installed Equiv. Length	

\* 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

TOTAL (must = Box E)  
 Checklist 3, pg1of2



## 5. CRV Recirculation and Fresh Air Intake Fan

Make \_\_\_\_\_ Model \_\_\_\_\_

Capacity @  
0.4 ESP

cfm (F)

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.

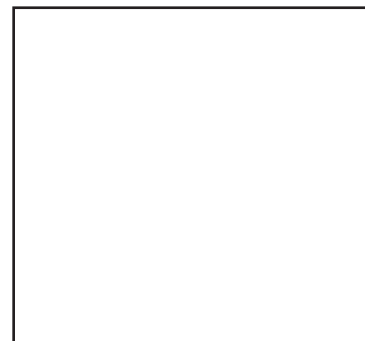
**2014 TECA Ventilation Certification Stamp**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_





# 4 Ventilation Checklist 4—Exhaust Fan & Passive Inlets SENTENCE 9.32.3.4(6)

2014 Amendment to Section 9.32 Ventilation

Use this checklist for small ( $\leq 1800$  sqft), single level, non-forced air heated dwellings located in coastal climate areas where winter design temperature is warmer than  $-13^{\circ}\text{F}$ .

Civic Address _____		Permit No. _____	
Climate Zone: _____	Number of Bedrooms	<div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div>	(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		<div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div> ft <sup>2</sup>	(B)
Total Interior Volume of Dwelling		<div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div> ft <sup>3</sup>	Total volume includes all heated interior spaces
.5 ACH (air changes/hr) = Volume x 0.5 ÷ 60 =		<div style="border: 1px solid black; width: 60px; height: 30px; display: inline-block;"></div> 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 \_\_\_\_\_

Location: \_\_\_\_\_ **Capacity at 0.2 ESP** cfm (E) Must be  $\geq$  than Box (D)  
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: \_\_\_\_\_ 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						
		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)			Principal System CFM	
				Duct Dia (in Ø)		Max. Equiv. Length per table		Installed Equiv. Length
rigid	flex							

\* 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

TOTAL  
(must =  
Box E)

Checklist 4, pg1 of 2

## 5. Required Inlets for passive Ventilation Air Supply

a) Location: High wall (minimum 6 ft above floor) \_\_\_\_\_

List all rooms with inlets: Required in each bedroom, and at least one common area

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b) Inlet Size: Free Area must be greater than or equal to 4 Sq In

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6. 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.

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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).

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## 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 \_\_\_\_\_





## Owner Authorization Form

FILE NUMBER: \_\_\_\_\_ - \_\_\_\_\_

### PROPERTY INFORMATION

---

Municipal Address(es): \_\_\_\_\_

Legal Description(s): \_\_\_\_\_

Project Description: \_\_\_\_\_

Registered Owner Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please be advised that I/we, the registered owner(s) of the above mentioned property(ies),  
(select one)

- ☐ will apply for all applications related to the above mentioned project.
- ☐ authorize the following agent to apply for all applications related to the above mentioned project on my/our behalf

Agent Name		Agent Company	
Mailing Address			
City:	Province:	Postal Code:	
Telephone:	Cell:		
Email address:			

I/We agree to immediately notify the City of Dawson Creek, in writing, of any changes regarding this information.

Owner's Name(s) (printed): \_\_\_\_\_

Owner's Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_