

#### Single Family Dwelling/Duplex **Application Checklist**

www.dawsoncreek.ca

Building Department 10105 - 12A St, Dawson Creek, V1G 3V7 Tel: 250-784-3600 Fax: 250-782-3352

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

Address: _	Date:
Please no	ote 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



## Single Family Dwelling/Duplex Application Checklist

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

#### 

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



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Floor Plan, Elevations,	, and Cross Secti	ons		
Two physical copies of	or one digital conv	drawn to scale s	showing sufficient	information t

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

show that the proposed work will conform to BC Building Code.

- 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. <b>Must be stamped by a Professiona Engineer.</b>
Engineered Truss Plan (If Applicable) Required if the plan is utilizing trusses. <b>Must be stamped by a Professional Engineer.</b>
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

- 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**Building Department

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### **Building Permit Application**

Property Information Civic Address			PID
Legal Description			
Property Area (m²)		Zoning Designation	
Project Information			
Single Family Dwellin	g Duple:	x up to 5-plex	Apartment
Shed	Deck		Detached Garage
Tenant Improvement (Commercial/Industrial		onstruction nercial/Industrial)	Manufactured Home
Wood Stove	Demol	lition	SFD Renovation/Addition
Estimated Value		Area of Project (m²)	
Occupancy Classification		Does this Building Fa	all Under Part 3 or Part 9 of BC Building Code?
Occupancy Classifications: Group A: Assembly Group B: Care, Treatment, and Deten Group C: Residential Group D: Office & Personal Services Group E: Mercantile Group F: F-1 High Hazard Industrial F-2 Medium Hazard Industr		Part 3 Buildings Con Group A Group B Group F-1 Buildings ein building	• Group C • Group D • Group E  sceeding 600m <sup>2</sup> • Group F-2
Property Owner Inform	ation		
Name		Company	
Address		City & Province	
Email		Postal Code	
Phone		Fax	
<u> </u>		I	
Contractor Information			
Name		Company	
Address		City & Province	
Email	_	Postal Code	
Phone	Fax		Business Licence Number



#### **Building Permit Application**

**Building Department** 

10105 - 12A St, Dawson Creek, V1G 3V7 Tel: 250-784-3600 Fax: 250-782-3352

www.dawsoncreek.ca

Agent / Tenant Information								
Is an agent submitting the application on behalf of the pro	perty owner?	☐ Yes	□ No					
If Yes, the Owner Authorization form needs to be complete	ed and submitted.							
Will there be commercial tenants? $\square$ Yes $\square$ 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



#### **Plumbing Permit Application Building Department**

10105 - 12A St, Dawson Creek, V1G 3V7

Tel: 250-784-3600 Fax: 250-782-3352 www.dawsoncreek.ca

### **Plumbing Permit Application**

Property Infor	mation											
Civic Address									PII	D		
Legal Description												
Intended Occupancy						Zo	oning Designa	tion				
Project Inform	nation											
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	er C	<del>-</del>	_	ver/ tub	ien (	was	her	dry	Sin	Bib	ıkleı İs	r Dr
	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	i					Size	of water mete	er (Determine	d by Building D	epartment)		
Size of building drain						Mat	terial of buildin	ng drain				
• The siz	nsure tha on and siz e and loc		d constru building very soil-	uction me g drain and or-waste	eets B d eve -pipe,	C Plary tr trap	umbing C ap and cl p and ven		ain			
Property Own	er Infori	mation										
Name						Co	ompany					
Address						Cit	ty & Province	!				
Email						Po	ostal Code					
Phone						Fa	ıx					
						Ш.						
Contractor Inf	ormatio	2										
Name	ormatio	11				Co	ompany					
Address						Cit	ty & Province	!				
Email						Po	ostal Code					
Phone			Fax			上		<u> </u>	Business Licer	nce Number		
Phone Fax Business Licence Number												



Name (Please Print)

#### **Plumbing Permit Application Building Department**

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Agent / Tenant Information											
Is an agent submitting the application on behalf of the pro	operty owner? $\qed$ Yes $\qed$ No										
If Yes, the Owner Authorization form needs to be completed	eted and submitted.										
Will there be commercial tenants? $\square$ Yes $\square$ No	Tenant Company Name										
Contact Person	Business Licence Number										
Address	City & Province										
Email	Postal Code										
Phone	Fax										
enactment, code, regulation or standard relating to the withe said work is undertaken by me or by those whom I miservices.  2. I acknowledge that neither the issuance of a permit specifications, drawings or supporting documents, nor i representation, warranty, assurance or statement that the City of Dawson Creek's Building Bylaw, Subdivision an other applicable enactment, code, regulation or standard.  3. Where the City requires that Letters of Assurance be proof the City of Dawson Creek Building Bylaw and Section advised in writing by the City that it relied exclusively Commitment for Field Review" prepared by in review documents submitted with this application for a building part of the City of Dawson Creek Building Sylaw and Section advised in writing by the City that it relied exclusively Commitment for Field Review prepared by in review documents submitted with this application for a building part of the City of Dawson Creek Building Sylaw and Section advised in writing by the City that it relied exclusively Commitment for Field Review prepared by in review documents submitted with this application for a building part of the City of Dawson Creek Building Bylaw and Section advised in writing by the City that it relied exclusively Commitment for Field Review prepared by in review documents submitted with this application for a building part of the City of Dawson Creek Building Bylaw and Section advised in writing by the City that it relied exclusively Commitment for Field Review.	mbia Building Code, this bylaw and any other applicable ork in respect of which the permit is issued, whether or not may retain or employ to provide design and/or construction under this bylaw, the acceptance nor review of plans, inspections made by or on behalf of the City constitute a ecurrent edition of the British Columbia Building Code, the id Development Servicing Bylaw, and Sign Bylaw or any if has been complied with.  Vided by a Registered Professional pursuant to Section 11 in 55 of the Community Charter I confirm that I have been on the Letter of Assurance of "Professional Design and wing the plans, drawings, specifications and supporting permit.  Pered Professional for the adequacy of plans, drawings, this application.  The in respect of the responsibilities I am assuming upon the this application and in respect of the execution of this Dawson Creek against all claims, liabilities, judgements, as said City in consequence of and incidental to, the granting										

### Arrange for inspections by phone or email

Phone: 250-784-3618

Signature

Email: <u>buildinginspection@dawsoncreek.ca</u>

Date



### ISOMETRIC PLAN EXAMPLE

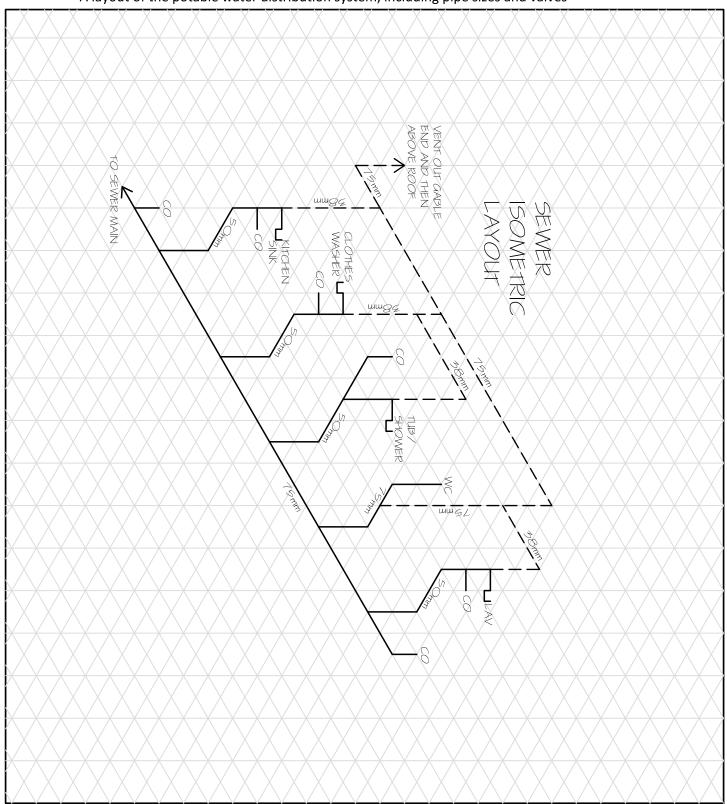
## Plumbing Permit Application Building Department

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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

# Plumbing Permit Application Building Department

10105 - 12A St, Dawson Creek, V1G 3V7 Tel: 250-784-3600 Fax: 250-782-3352

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# 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	3					Per	mit No.	
Climate Zone: Number of Bedroo			r of Bedrooms	(A) A bedroom is a room with an owindow (minimum dimensions a				ensions apply), a
То	tal Floor	area of con	ditioned space	ft <sup>2</sup>	(B)	closet and a clo	sing interi	or door.
	Total Into	erior Volun	ne of Dwelling	ft <sup>3</sup>		Total volume spaces	includes a	ll heated interior
.5 ACH (air c	hanges/h	r) = Volum	$e \times 0.5 \div 60 =$	cfm	(C)	Exhaust appliants 5 ACH may re-		
1. Principal V	entilation	ı System E	Exhaust Fan M	inimum Air-f	low R	ate		
	om count	from Box (	A) and Total squ	are footage from	m Box	(B) above an	d Table 9	9.32.3.5. to
determine	ъ.				• .		6	(D)
	•		cpal Exhaust S	System Capac	eity		cfm (	(D)
2. Principal S			• 3.6.1	3.4	r 11		C	D. C
a) Exhaust Fa	an contin	uous runn	ing Make		lodel_		Son	ne Rating
Location:				Capacit at 0.2 E	•	cfm	(E) Mu	st be $\geq$ than Box (D)
Location						y @0.4ESP	<b>、</b> /	. ,
3. Fan Duct S	ize and E	Guivalent	Length	n ez ,,	Japaon	.y = 0.1. <u>E</u> 51		
		•	e and Table 9.32.	3.8 (3) [See note	at bott	tom of page for	larger fai	n duct sizing].
a) Length of d	luctf	t + Exterior	hood 30ft + num	nber of 90° elbo	ws	X 10 ft = _	Equ	ivalent Length
	N	laximum Ed	quivalent Length	allowed in Tab	le 9.32	.3.8(3) =		
b) Fan Duct si	ze:	_inches Ø	Duct type:R	igidFlex				
-			om Exhaust Fa		low if	Principal Ex	thaust Fa	an meets all or
	REQUIRED		EX	HAUST EQUIP	MENT	,		
	EXHAUST RATE		Spot Exhaust	Kitchen & Bath	WALL	/CEILING FAI	NS	Ex.Fan/CEV
	Table	Ean Mai	ra Pr Madal	CEM *Duc	Sizino	ner Table 0 32	3 8 (3)	Principal

	REQUIRED	F	EXHAUST	EQUII	PMENT				
	EXHAUST RATE	Spot Exhau	ıst Kitcher	n & Bath	WALL	/CEILING	FANS	S	Ex.Fan/CEV
ROOM	Table	Fan Make & Model	CFM	*Duct Sizing per Table 9.32.3.8.(3)				Principal	
	9.32.3.6		@ 0.2 ESP Manf. Rated	Duct Dirigid	ia (in Ø) flex	Max. Equiv. Length per table		led Equiv. ength	System CFM
								-	

<sup>\*</sup> 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	n outside to Retu	ırn Air of furnac	e for distribution.
a) Duct length from this connec			
unless a flow control device		ength confirmed at	t feet.
b) Duct Size for Fresh Air intake			
4" Ø minimum for Rigid D 5"Ø minimum for insulate		•	ered for full length confirmed.
6. Forced Air Furnace system d			
bedroom confirmed.		•	•
7. If Heated Crawlspace present	, state method of	f ventilating	
MAKE-UP AIR Requirements			
1. NAFFVA (Naturally Aspirated Fuel Fired	Vented Annliance) Or r	adon present in d	Iwelling unit? Sentence 9.32.4.1
Yes, Proceed to Step 2	vened/appnance) of 1	adon present in e	No, Omit Steps 2 & 3
2. Exhaust Appliance present wl	hich exceeds Box	C 0.5 ACH:	
Yes, Proceed to Step 3			o such appliance. Omit Step 3
	= '		ON, TECA Vent Manual pg 24)
3. Use Active Make-up Air for Ex	_		TC 7
Make-up Air Fan required:		<b>Exhaust Appliance</b>	ce Actual Installed Cfm
Fan Make	Model	I	Make-up Air Fan Cfm
Duct diameterinches			
Fan Location	Fa	an ducted to	ctly to room containing the appliance).
a) Active Make-up Air delivered	to an Unoccupied	Area first (not direct	etly to room containing the appliance).
i) Tempering Required per 9.3			
Show calculation & describe how i	make-up air will be to	empered 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):	
_		-	
iii) Additional Tempering Requi	red per 9.32.4.1.(4)(1	b) before transfer to	occupied area: Show calculation and
describe how make-up air will b	e further tempered to	at least 54°F (12°C)	
			Required. Show calculation and describe
how make-up air will be temper	red to at least 54°F (1	2°C).	
<b>Installer Certification:</b>		Da	ate
I hereby certify that the design and instal	lation of the ventilati		
Section 9.32 Amendment.		2014 TEC	A Ventilation Certification Stamp
Print Name			
Si amatama			
Signature			
Company			
		<del></del>	
Phone			

### 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.

Civic Address		Permit No
Climate Zone: Number of Bedrooms	(A)	A bedroom is a room with an openable window (minimum dimensions apply), a
Total Floor area of conditioned space	ft <sup>2</sup> (B)	closet and a closing interior door.
Total Interior Volume of Dwelling	ft <sup>3</sup>	Total volume includes all heated interior spaces
.5 ACH (air changes/hr) = Volume x $0.5 \div 60 =$	cfm (C)	Exhaust appliances exceeding .5 ACH may require make-up air.
1. Use the bedroom count (Box A above) and tot minimum principal Air Flow rate required by T		(Box B above) to determine the
Minir	num Required Ra	te cfm (D)
	Todel	
3. HRV Capacity: CFM @ 0.4 ESP. Box E must me	eet Box D requirement.	cfm (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 exhuast requirements list below.

	Required	I	EXHAUST EQUIPMENT  Spot Exhaust Kitchen & Bath WALL/CEILING FANS HRV					
	EXHAUST RATE	Spot Exha					HRV	
ROOM	Table	Fan Make & Model	CFM @ 0.2 ESP				9.32.3.8.(3)	Principal
110 0111	9.32.3.6		Manf. Rated	Duct D rigid	ia (in Ø) flex	Max. Equiv. Length per table	Installed Equiv. Length	System CFM
·								
							TOTAL	

\* 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

Checklist 2, pg1of2

(must = Box E)

Furnace Fan continuous oper bedroom and any level witho B) Supply Air from HRV di	irect connect to Returation: yes  and Forcut a bedroom: yes  astrubuted independen	n Air of a Forced Air Furnace sy ted Air system ducted to supply air and heated crawlsapce: yes	to every
MAKE-UP AIR Requirement  1. NAFFVA (Naturally Aspirated Fuel F  Yes, Proceed to Step 2		on present in dwelling unit? Sent	
<ul><li>2. Exhaust Appliance present</li><li>Yes, Proceed to Step 3</li><li>3. Use Active Make-up Air for</li></ul>	☐ Yes, Commit to Depressurization	0.5 ACH:  No such appliance.  [See CAUTION, TECA Vent Manual p.	
<del>-</del>	= =	xhaust Appliance Actual Installed (	Cfm
Fan Make	Model	xhaust Appliance Actual Installed C Make-up Air Fan Cl	fm
Duct diameterinc	hes	ducted to	
ii) <b>Transfer Grill Required:</b> S Transfer grill size	ize 1 sq in of gross area per	pered to at least 34°F (1°C) before entering 2 cfm):  ocation  perfore transfer to occupied area: Show of the state of the	
describe how make-up air w	ill be further tempered to at	least 54°F (12°C).  Area: Tempering Required. Show calcu	
<b>Installer Certification:</b>	stallation of the ventilation	Date system complies with the 2012 B.C. Build 2014 TECA Ventilation Certification	ding Code, 2014
Print Name			
Signature			
Company			
Phone			

### 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.

		1	1		1	
Civic Address					Permit No.	
Climate Zone	:	Number of Bedrooms		(A)	A bedroom is a room w window (minimum dime	nsions apply), a
Tot	tal Floor	area of conditioned space	ft²	(B)	closet and a closing interior	r door.
	Total Inte	erior Volume of Dwelling	ft <sup>3</sup>		Total volume includes al spaces	l heated interior
.5 ACH (air c	hanges/h	ges/hr) = Volume x $0.5 \div 60 =$ Exhaust appliances exceedi  Cfm (C) .5 ACH may require make-				
1. Principal Vo	entilatior	System Exhaust Fan Mi	nimum Air-fl	low R	late	
Use the bedro determine	om count	from Box (A) and Total squa	re footage from	m Box	(B) above and Table 9	.32.3.5. to D)
2. Principal Sy	-	-	, •	•	`	Ź
		uous running Make	M	odel	Son	e Rating
u) Exitaust I t	in contin	avas rummig make			5011	e Rating
Location:			at 0.2 E	-	cfm (E) Must be $\geq t$	han Box (D)
Location:		Must be $\geq$ than Box (D)	<del></del>		ty @0.4ESP	
		<b>Equivalent Length</b> ox(E) above and Table 9.32.3		1	•	duct sizing].
a) Length of d		t + Exterior hood 30ft + num Iaximum Equivalent Length a			_	ivalent Length
b) Fan Duct si	ze:	_inches Ø Duct type:Sm	noothFlex			
-		nd Bathroom Exhaust Far m spot Exhaust requiremen		low if	Principal Exhaust Fa	n meets all or
	Required	1 1	IAUST EQUIP	MENT	7	
	EXHAUST				/CEILING FANS	Ex.Fan/CEV
	Rate	1				

F		m spec zimenstrequiter	110111001					
	REQUIRED	]	EXHAUST	EQUII	PMENT	•		
	EXHAUST RATE	Spot Exha	Spot Exhaust Kitchen & Bath WALL/CEILING FANS				Ex.Fan/CEV	
ROOM	Table	Fan Make & Model	CFM				9.32.3.8.(3)	Principal
1100111	9.32.3.6		@ 0.2 ESP Manf. Rated	Duct D rigid	flex	Max. Equiv. Length per table	Installed Equiv. Length	System CFM

<sup>\*</sup> 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)	
Ch	ecklist 3, pg1of2

	irculation and Fresh Air Intake F	Capacity @	cfm (F)
	Model minimum 2 times Box D cfm for +5		
DOX I' CI'MI.	minimum 3 times Box D for less th		e 1 <u> </u>
Duct Size for	Fresh Air intake into return air of Cl	_	
	sh Air circulation (Choose option	•	
	r from bedrooms and Supply air to		
List location	on of supply grille	and location	of each bedroom return grille
b) Draw ai	r from common area and Supply a	ir to bedrooms.	
List location	on of return grille	and location of	of each bedroom supply grille
7. If Heated	Crawlspace present, state metho	d of ventilating	
	AIR Requirements	8	
1. NAFFVA	(Naturally Aspirated Fuel Fired Vented Appliance)	or radon present in dv	velling unit? Sentence 9.32.4.1
,	roceed to Step 2		□ <b>No</b> , Omit Steps 2 & 3
	Appliance present which exceeds		
☐ Yes, Pr	oceed to Step 3 $\square$ Yes, Commit		
		tion Test (See CAUTION,	TECA Vent Manual pg 24)
	e Make-up Air for Exhaust Applian		
Make-up A	<b>Air Fan required:</b> ke Model	Exhaust Appliance	Actual Installed Cfm
		M	ake-up Air Fan Cfm
	ameterinches		
	cation		
	Take-up Air delivered to an Unoccup ppering Required per 9.32.4.1.(4)(a):	pled Area IIrst (not directi	y to room containing the appliance).
	culation & describe how make-up air will	be tempered to at least 34°F	(1°C) before entering unoccupied area.
· ·	<b>fer Grill Required:</b> Size 1 sq in of gross	-	
Transf	er grill size sq. in.	Location	
iii) <b>Addi</b> describ	tional Tempering Required per 9.32.4.1 be how make-up air will be further temper	.(4)(b) before transfer to ordered to at least 54°F (12°C).	ccupied area: Show calculation and
OP b) Acti	ive Make-up Air delivered to an Occ	unied Areas Tempering I	Descriped Charrenslaulation and describe
	nake-up air will be tempered to at least 54'		tequired. Snow calculation and describe
Installer Cer	rtification:	Date	
	that the design and installation of the ven	tilation system complies wit	th the 2012 B.C. Building Code, 2014
Section 9.32 Ar	mendment.	2014 TECA	Ventilation Certification Stamp
Print Name			
Signature			
Company			
Phone			
Checklist 3, pg2	2of2		

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

Use this checklist for small (≤ 1800 sqft), single level, non-forced air heated dwellings located in coastal climate areas where winter design temperature is warmer than -13°F.

Civic Addres		e areas where winter des					ermit No.	
Climate Zon		Number of Bedrooms	s		](A)	A bedroom is a room with an window (minimum dimensions		th an openable
Т	otal Floor	area of conditioned space	e	ft²	(B)	closet and a c		
	Total Into	erior Volume of Dwelling	welling Total volume includes all he spaces				heated interior	
.5 ACH (air	CH (air changes/hr) = Volume x $0.5 \div 60$			cfm	1		iances exceedi require make-	
Use the bed determine Minir	room count num Requ	n System Exhaust Fan M from Box (A) and Total so nired Prinicpal Exhaust	quare foo	tage fro	m Box			32.3.5. to
2. Principal ( a) Exhaust l		n Choice nuous running Make		M Capacit		Sone Rating		
Location: _			8	t 0.2 E	SP	cfm (E) Must be ≥ than Box		
<ul><li>a) Length of</li><li>b) Fan Duct</li><li>4. Required</li></ul>	ductf  N size:	ox(E) above and Table 9.32 It + Exterior hood 30ft + nu Iaximum Equivalent Lengt _inches Ø Duct type:  and Bathroom Exhaust F m spot Exhaust requirem	imber of hallowed Smooth_  Fans: Re	90° elbo l in Tab Flex	ows le 9.32	X 10  ft = 0.3.8(3) = 0.3.8(3)	Equi 	valent Lengtl
	Required		XHAUST	EOUIP	MENT	1		
	EXHAUST RATE					/CEILING FA	ANS	Ex.Fan/CEV
ROOM	Table 9.32.3.6	Fan Make & Model	CFM @ 0.2 ESP Manf. Rated	*Duct Di			32.3.8.(3) Installed Equiv. Length	Principal System CFM
		eding 175cfm in Table 9.32 use good engineering practice.	. , .			cturer's	TOTAL (must = Box F)	

See Ventilation Guidelines Appendix page 16-A

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
b) Inlet Size: Free Area must be greater than or equal to 4 Sq In
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  Do, 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
<b>Depressurization Test</b> (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  Make-up Air Fan Cfm  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).
<ul> <li>a) Active Make-up Air delivered to an Unoccupied Area first (not directly to room containing the appliance).</li> <li>i) Tempering Required per 9.32.4.1.(4)(a):</li> <li>Show calculation &amp; describe how make-up air will be tempered to at least 34°F (1°C) before entering unoccupied area</li> </ul>
ii) <b>Transfer Grill Required:</b> Size 1 sq in of gross area per 2 cfm):  Transfer grill size sq. in. Location  iii) <b>Additional Tempering Required per 9.32.4.1.(4)(b) before transfer to occupied area:</b> 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:  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
Checklist 4, pg2 of 2



### **Owner Authorization Form**

FILE	NUMBER:	-

PROPERTY INFORMATION					
Municipal Address(es):					
Legal Description(s):					
Project Description:					
Registered Owner Name(s)	:				
Address:					
City:	y: Province: Postal Code:				
Telephone:	E-mail Address: _	il Address:			
Please be advised that I/we, the registered owner(s) of the above mentioned property(ies), (select one)  uill 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	Ag	ent Company			
Mailing Address					
City:	Province:	P	ostal Code:		
Telephone:	Cell:				
Email address:					
I/We agree to immediately information.	notify the City of Dawson Cre	ek, in writing, of any c	nanges regarding this		
Owner's Name(s) (printed)	:				
Owner's Signature(s):		Date:			