New SFD/Duplex Application Checklist
Building Department
10105 - 12A St, Dawson Creek, V1G 3V7
Tel: 250-784-3600 Fax: 250-782-3352
www.dawsoncreek.ca

New Construction Single Family Dwelling or Duplex Checklist

Address: _____ Date: _____

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

Yes	No	**Is the property within a Development Permit Area?** (check one)
☐	☐	• A Development Permit is required for some projects within Development Permit Areas • Please review the Development Permit Area Map to determine whether the property is within a Development Permit Area • If your project is within a Development Permit Area, please contact the City Planner at 250-784-3601 or planner@dawsoncreek.ca

☐ Building Permit Application
Complete form attached

☐ Plumbing Permit Application
Complete form attached (Plumbing permit required to issue service connection permit)

☐ Energy Advisor Report
Step Code Compliance Checklist

☐ TECA Ventilation Checklist
TECA Ventilation Checklist completed and attached
- There are 4 checklists for different systems, only complete the most relevant one

☐ Service Connection Permit Application
Completed by City, Must be signed and paid for by property owner or agent

☐ 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
Title Search must be submitted

☐ Home Warranty Registration Form
Enrollment Notification must be submitted

☐ Site Plan
Drawn to scale showing:
- North arrow
- Property lines and dimensions of the parcel taken from the registered legal plan.
- The location and dimensions of all statutory right of ways and easements.

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- Zoning setback location with dimensions from property line, ensuring all setbacks are met.
- 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).
- A buffer distance of at least 1.5 meters (5') between structures on the property.
- 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

Drawn to scale showing sufficient information to show that the proposed work will conform to the current BC Building Code:

- Foundation drawings indicate the factored bearing pressures on the soil or rock
- Width and height of footings
- Width and height of footing pads or screw pile layout for decks.
- Rebar size and placement for footings
- 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 installation)
- 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 or rear of the property. Draining to the rear is only permitted where there is lane.

A survey certificate must be submitted prior to placement of concrete to ensure it meets setback requirements

☐ Floor Layout, Cross Sections, and Elevations

Drawn to scale showing sufficient information to show that the proposed work will conform to the current BC Building Code:
Plans need to include:

- Building area and building height
- Floor Layout plans:
  - showing the dimensions and use of all rooms and other areas
  - the location, size, type, and swing of doors

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www.dawsoncreek.ca

- the location, size, and opening of windows
- the location of smoke alarms and carbon monoxide alarm
- provisions for solar rough-in
- the location and construction of any decks or covered decks, framing, flashing details, stair construction, and handrail and guardrails heights and construction

- Cross sections of the building:
  - cross sections of the building taken at sufficient locations to adequately illustrate all structural details and supporting elements
  - cross section showing stair construction
    - handrail and guardrail details showing height and continuity
  - typical wall sections
    - footing and foundation walls
    - exterior walls
    - interior walls
    - wall to roof detail
    - roof detail
- Elevations of the building:
  - showing all faces of the building

☐ Floor Plan

- If the project is utilizing engineered floor package, the plan must be stamped by a Professional Engineer.
  Or
- If the project is conventionally framed, plan showing
  - Joist size and spans
  - Beam size and spans
  - Column location and size

☐ Roof Plan

- If the project is utilizing trusses, the engineered truss plan must be stamped by a Professional Engineer.
  Or
- If the project is conventionally framed, plan showing
  - Rafter size and span
  - Celling joist size and span

☐ Secondary Suites (if Applicable)

Drawn to scale, showing:

- Each floor - Showing the dimensions and use of all existing rooms and other areas and proposed rooms or areas. Location, size, type, and swing of doors, and location, size, and opening of windows
- Location of interconnected smoke and carbon monoxide (CO) alarms
- Type of detector (circle one)
  - photo-electric type
  - standard smoke alarm
- Fire separation and fire-resistance rating of all assemblies separating primary dwelling unit from secondary suite
- Doors and the fire-resistance ratings

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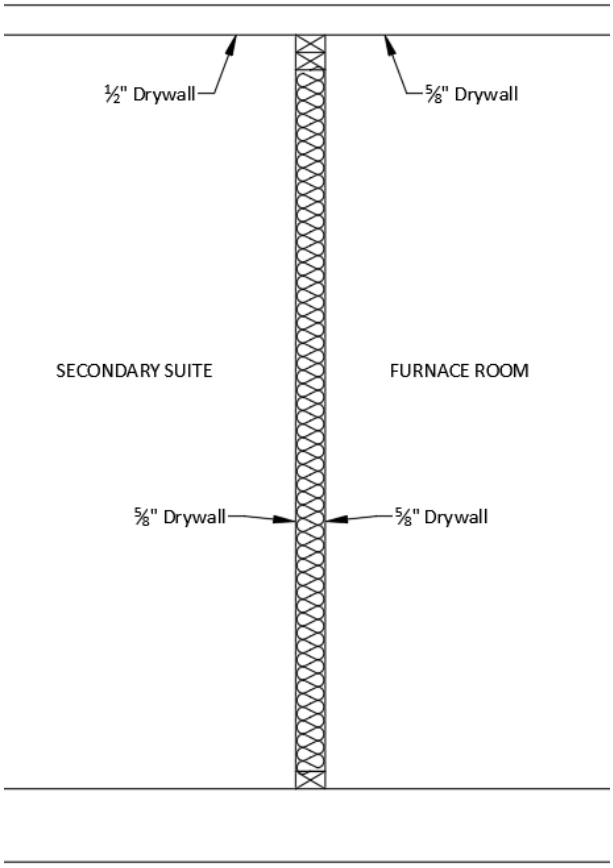
www.dawsoncreek.ca

- Furnace Room must have 1 hour fire separation as shown below



Building Permit Application
Building Department
10105 - 12A St, Dawson Creek, V1G 3V7
Tel: 250-784-3600 Fax: 250-782-3352
www.dawsoncreek.ca

Building Permit Application

Property Information

Civic Address	PID

Legal Description	

Property Area (m^2)	Zoning Designation

Project Information

☐	Single Family Dwelling/Duplex	☐	New construction (Commercial/Industrial)	☐	Weeping Tile
☐	Tri-plex or Greater/Apartment	☐	Tenant Improvements (Commercial/Industrial)	☐	Demolition
☐	SFD Renovation/Addition	☐	Detached Garage	☐	Wood Stove
☐	Secondary Suite	☐	Shed		
☐	Manufactured Home	☐	Deck		

Estimated Value	Area of Project (m^2)

Occupancy Classification	Does this Building Fall Under Part 3 or Part 9 of BC Building Code?

Occupancy Classifications:	Part 3 Buildings Consist of:	Part 9 Building Consist of:
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	• Group A • Group B • Group F-1 • Buildings exceeding 600m^2 in building area	• Group C • Group D • Group E • Group F-2 • Group F-3 • Buildings under 600m^2 in building area

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

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 property owner? ☐ Yes ☐ No

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

Will there be commercial tenants? ☐ Yes ☐ 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 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

Under the National 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.

- Location and size of every building drain and every trap and cleanout fitting that is on a building drain
- The size and location of every sanitary drain pipe, trap, and vent pipe, and
- A layout of the potable water distribution system, including pipe sizes and valves.

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

Plumbing 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 property owner? ☐ Yes ☐ No

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

Will there be commercial tenants? ☐ Yes ☐ 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

the City of Dawson Creek
BRITISH COLUMBIA
"the Capital of the Peace"

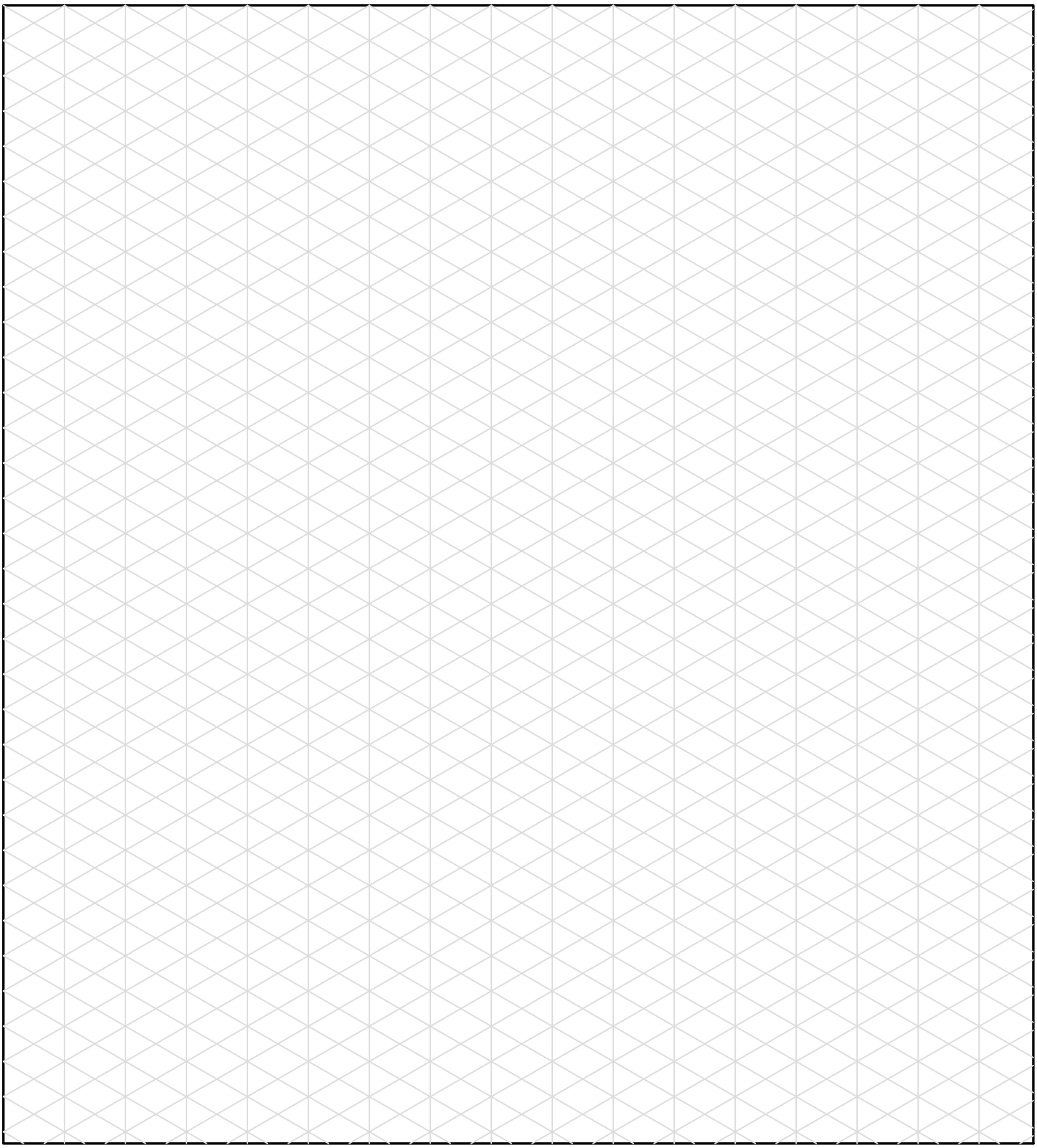
ISOMETRIC PLAN

Plumbing Permit Application
Building Department
10105 - 12A St, Dawson Creek, V1G 3V7
Tel: 250-784-3600 Fax: 250-782-3352
www.dawsoncreek.ca

Address: _____ Contact Name/Number: _____

Under the National 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 sanitary drain pipe, trap, and vent pipe
- A layout of the potable water distribution system, including pipe sizes and valves



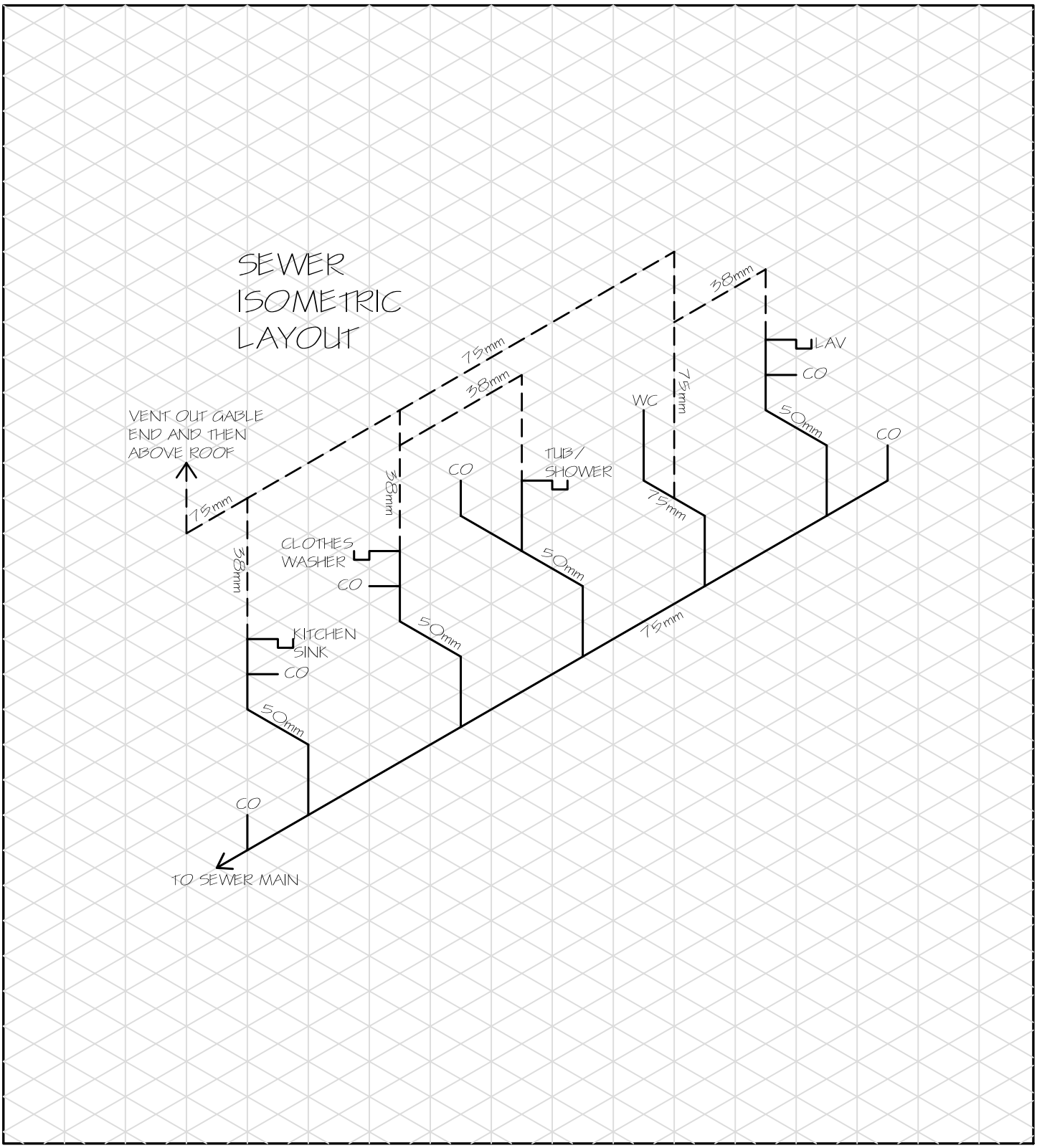
Plumbing Permit Application
Building Department
10105 - 12A St, Dawson Creek, V1G 3V7
Tel: 250-784-3600 Fax: 250-782-3352
www.dawsoncreek.ca

ISOMETRIC PLAN EXAMPLE

Address: 2997 Main Street Contact Name/Number: Mike Homes 250-555-1234

Under the National 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 sanitary drain pipe, trap, and vent pipe
- A layout of the potable water distribution system, including pipe sizes and valves



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 [ ] (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 [ ] ft^2 (B)

Total Interior Volume of Dwelling [ ] ft^3 Total volume includes all heated interior spaces

.5 ACH (air changes/hr) = Volume x 0.5 ÷ 60 = [ ] 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 Prinicpal 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) rigid	Duct Dia (in Ø) flex	Max. Equiv. Length per table	Installed Equiv. Length	
							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 _____

Checklist 1, page2of2

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.

Civic Address_____ Permit No._____

Climate Zone: ____ Number of Bedrooms _____ (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 _____ ft^2 (B)

Total Interior Volume of Dwelling _____ ft^3 Total volume includes all heated interior spaces

.5 ACH (air changes/hr) = Volume x 0.5 ÷ 60 = _____ cfm (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 _____ cfm (D)

2. HRV Make _____ Model _____

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

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)				Principal System CFM
				Duct Dia (in Ø) rigid	Duct Dia (in Ø) flex	Max. Equiv. Length per table	Installed Equiv. Length	
							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 crawlsapce: yes ☐

B) Supply Air from HRV distrubuted 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 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 _____

Checklist 2, pg2of2

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 _____ (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 _____ ft^2 (B)

Total Interior Volume of Dwelling _____ ft^3 Total volume includes all heated interior spaces

.5 ACH (air changes/hr) = Volume x 0.5 ÷ 60 = _____ 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 Prinicpal 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) rigid	Duct Dia (in Ø) flex	Max. Equiv. Length per table	Installed Equiv. Length	

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

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 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 _____

Checklist 3, pg2of2

4 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 Address_____ Permit No._____

Climate Zone: ____ Number of Bedrooms [ ] (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 [ ] ft^2 (B)

Total Interior Volume of Dwelling [ ] ft^3 Total volume includes all heated interior spaces

.5 ACH (air changes/hr) = Volume x 0.5 ÷ 60 = [ ] 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 Prinicpal 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:___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) rigid	Duct Dia (in Ø) flex	Max. Equiv. Length per table	Installed Equiv. Length	

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. 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** ☐ **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 _____

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: _____ 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: _____