

**FINAL PAPERWORK REQUIRED FOR
OCCUPANCY OF SINGLE FAMILY & SEASONAL DWELLINGS**

Approvals Required for Occupancy		Req'd	Rec'd
Ontario Hydro (ESA)	Final ESA approval required for all electrical work	<input type="checkbox"/>	<input type="checkbox"/>
Plumbers Sign Off	Required to be completed by plumber with a "Certificate of Qualification" in Ontario. Not required if owner completed plumbing and all "tests" were witnessed by building inspector as required in 7.3.6	<input type="checkbox"/>	<input type="checkbox"/>
HVAC	Sign off required to be completed by HVAC installer	<input type="checkbox"/>	<input type="checkbox"/>
HRAI Balancing	Balancing form to be submitted by contractor. Contractor must have Level 1 HRAI Certification	<input type="checkbox"/>	<input type="checkbox"/>
T.S.S.A. Completion/ Testing Form	All gas installers must complete sign off form indicating all gas installations have been tested	<input type="checkbox"/>	<input type="checkbox"/>
Potable Water	Proof of potable water must be submitted. Water testing bottles to be taken to L&G Health Unit in Brockville/Smiths Falls or Gananoque	<input type="checkbox"/>	<input type="checkbox"/>
Well Record	Well record is required for all new wells from Ministry of Environment	<input type="checkbox"/>	<input type="checkbox"/>
Entrance Permit	Entrance permit final inspection required. Contact Public Work Department when entrance installed/completed: (613) 659-2415 ext. 234	<input type="checkbox"/>	<input type="checkbox"/>
Energy Efficiency	Ensure Energy Efficiency requirements match submitted EEDS	<input type="checkbox"/>	<input type="checkbox"/>
Septic Final	Septic final inspection required for new systems or alterations to existing systems. Contact Health unit at (613) 345-5685	<input type="checkbox"/>	<input type="checkbox"/>
CRCA Final	Final sign off from CRCA required where a permit has been issued. Contact CRCA at (613) 546-4228	<input type="checkbox"/>	<input type="checkbox"/>



RESIDENTIAL MECHANICAL VENTILATION RECORD

W2

For Certification of Design and Performance of Residential Ventilation Systems

A HEATING SYSTEM COMBUSTION APPLIANCES	<input type="checkbox"/> Forced Air <input type="checkbox"/> Non Forced Air	Roll# _____	Permit # _____		
	<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other	Lot & Plan # _____	Township _____		
	<input type="checkbox"/> No combustion appliances <i>No depressurization limit</i>	Civic Address _____			
	<input type="checkbox"/> Solid Fuel (including Fireplaces) <i>5 pa. limit</i>	Name _____ R-2000 I.D.# _____			
	<input type="checkbox"/> Direct Vent (Sealed Combustion) only <i>No dep. limit</i>	Address _____			
	<input type="checkbox"/> Positive venting Induced draft _____ <i>pa. dep. limit</i>	City _____ Postal Code _____			
<input type="checkbox"/> Natural draft or B-vent <i>5 pa. limit</i>	Tel. _____ Fax _____				
B EXHAUST EQUIPMENT	<input type="checkbox"/> Clothes Dryer 160 cfm	I certify this ventilation system design to be in accordance with: <input type="checkbox"/> CSA F326-M91 <input type="checkbox"/> R-2000 <input type="checkbox"/> NBC '95-(9.32.3) <input type="checkbox"/> OBC '93 (9.32.3) <input type="checkbox"/> BCBC '92			
	<input type="checkbox"/> Down-draft Cook-top 220 cfm				
	Other: (over 160 cfm) _____				
	DEPRESSURIZATION TEST/CALC. REQUIRED? <input type="checkbox"/> yes <input type="checkbox"/> no				
C TOTAL VENTILATION CAPACITY (TVC)	Bsmt & Master Bdrm _____ @ 20 cfm _____ cfm	Name _____ HRAI # _____			
	Other Bedrooms _____ @ 10 cfm _____ cfm	Address _____			
	Bathrooms & Kitchen _____ @ 10 cfm _____ cfm	City _____ Postal Code _____			
	Other Rooms _____ @ 10 cfm _____ cfm	Tel. _____ Fax _____			
	TOTAL VENTILATION CAPACITY (TVC) _____ cfm	Signature _____ Date _____			
D CONTINUOUS	Kitchens _____ @ 60 cfm _____ cfm	K <input type="checkbox"/> Controls functioning <input type="checkbox"/> Fans operating & clean <input type="checkbox"/> Filters clean <input type="checkbox"/> Flow Measuring Stations <input type="checkbox"/> Dampers accessible <input type="checkbox"/> Insulated duct sealed <input type="checkbox"/> Drain loop & connection <input type="checkbox"/> Distribution to all rooms (non-forced air) <input type="checkbox"/> Forced-air system <input type="checkbox"/> continuous mode <input type="checkbox"/> interlock <input type="checkbox"/> Grease filter kitchen intake (<i>if duct not accessible for cleaning</i>) <input type="checkbox"/> Kitchen exhaust 4 ft from range <input type="checkbox"/> Exhaust 4" above grade <input type="checkbox"/> Supply 18" above grade <input type="checkbox"/> Supply intake 6ft from exhaust (<i>recommended</i>) <input type="checkbox"/> Supply intake 3ft to other exhausts Other _____			
	Bathrooms _____ @ 20 cfm _____ cfm				
	TOTAL _____ cfm				
	E INTERMITTENT				
	Kitchens _____ @ 100 cfm _____ cfm				
	Bathrooms _____ @ 50 cfm _____ cfm				
F TVC SYSTEM	Location _____	L MEASURED VENTILATION (TVC System) Supply: _____ cfm High _____ cfm Low Exhaust: _____ cfm High _____ cfm Low			
	Manufacturer/Model: _____ HVI <input type="checkbox"/>				
	Design Airflow: _____ cfm High _____ cfm Low				
	_____ % Sensible Efficiency @ 0°C _____ watts				
_____ % Sensible Efficiency @ -25°C _____ watts	M I certify this ventilation system to be installed in accordance with: <input type="checkbox"/> CSA F326-M91 <input type="checkbox"/> R-2000 <input type="checkbox"/> NBC '95-(9.32.3) <input type="checkbox"/> OBC '93 (9.32.3) <input type="checkbox"/> BCBC '92				
G ADDITIONAL EQUIPMENT			1) Location: _____ cfm _____ sones	Name _____ HRAI # _____	
			Manufacturer/Model: _____ HVI <input type="checkbox"/>	Address _____	
			2) Location: _____ cfm _____ sones	City _____ Postal Code _____	
	Manufacturer/Model: _____ HVI <input type="checkbox"/>	Tel. _____ Fax _____			
3) Location: _____ cfm _____ sones	Signature _____ Date _____				
Manufacturer/Model: _____ HVI <input type="checkbox"/>					
4) Location: _____ cfm _____ sones					
Manufacturer/Model: _____ HVI <input type="checkbox"/>					



Township of
Leeds and the
Thousand Islands

MEMORANDUM

HEATING, VENTILATION AND AIR-CONDITIONING INSTALLATION, VERIFICATION CERTIFICATE (HVAC)

MEMO TO: Paul Nixon, Chief Building Official

FROM: _____

DATE: _____

RE: Owner Name _____
Address _____

This is to certify that _____ has completed the installation, at the above-referenced project, of the following;

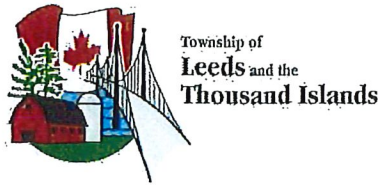
- Heating system Ventilation system
- Air-conditioning system Gas fireplace

This will further certify that the system(s) have been installed in accordance with the drawings and designs supplied to the Building Department, which formed the basis for which the Building Permit was issued, including any changes thereto authorized by the Chief Building Official.

Minor changes to the system, which do not adversely affect its operation, are as follows:

SIGNATURE

DATE



MEMORANDUM

PLUMBING SYSTEM, DWV, AND POTABLE WATER TESTS

MEMO TO: Paul Nixon, Chief Building Official DATE: _____
FROM: _____
RE: Owner Name _____
 Address _____

This will confirm that the plumbing system for the above-mentioned project has been tested and has successfully passed the requirements for testing under Subsections 7.3.6 and 7.3.7 of the Ontario Building Code:

A. DRAINAGE AND VENTING SYSTEMS

All components of the drainage and venting system have passed the following tests:

1. Pressure test using air or water at the rough-in stage in accordance with OBC sentence 7.3.6.1.(1)
2. Final test using smoke or air pressure after the installation of all fixtures, in accordance with OBC sentence 7.3.6.1.(2).

B. POTABLE WATER SYSTEMS

The entire potable water systems has successfully passed the pressure test using water or air on the complete system after the Installation of all fixtures, in accordance with OBC subsection 7.3.7.

This will also confirm that all components of the plumbing system are marked in accordance with the relevant Canadian Standards Association (CSA), as detailed under article 7.2.1.3., and that no cross connections exist that would render the potable water systems non-potable, as detailed under article 7.6.2.1., and all fixtures meet the water efficiency requirements detailed under OBC subsection 7.6.4.

The plumbing system is complete and ready for operation by the building occupants.

I have an Ontario "Certificate of Qualification" (C of Q) in plumbing:

Yes_____ No_____

PLUMBING COMPANY: _____

PLUMBERS NAME: (Please print): _____

SIGNATURE: _____