



## Heating & Ventilation - Details for Furnace Replacement Application

Heating & Ventilation - Details for Secondary Suite Development Application

<b>Project Address:</b>	
I, [PRINT NAME] _____, the <input type="checkbox"/> homeowner, OR <input type="checkbox"/> contractor confirm by my signature below that;	
<input type="checkbox"/> HVAC system return air capacity <b>does not</b> exceed supply air capacity. <input type="checkbox"/> Flue gas vents and gas lines <b>are not</b> located in the return air system. <input type="checkbox"/> Outdoor ventilation air is installed in code prescribed volumes. <input type="checkbox"/> Heat loss calculations have been conducted in accordance with CSA F280 <input type="checkbox"/> The furnace is sized to cover 100% of heat losses without exceeding 130% of heat losses <input type="checkbox"/> The HVAC design will maintain 22°C in all living spaces when the outdoor temperature is - 30°C . <input type="checkbox"/> All new equipment commissioning reports and manuals are with the equipment	
<b>DEPRESSURIZATION check.</b>	
Make-up air: <input type="checkbox"/> Required <input type="checkbox"/> Not Required	<i>The following may be useful:</i> <a href="#">CSAF300</a> <a href="#">CAN/CGSB-51.71-2005</a> <a href="https://www.hrai.ca/worksheets">https://www.hrai.ca/worksheets</a>
Determined by: <input type="checkbox"/> Calculation <input type="checkbox"/> On-site depressurization test	
I hereby declare that: I am the <input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner responsible for the premises in which the work will be conducted; I assume responsibility for compliance with all applicable Acts, Codes & Regulations; Information provided on and with this form is, to the best of my knowledge, true, and complete; new equipment commissioning reports will be provided for review at the time of Final Inspection and depressurization check calculations or test results will be provided upon request for review at time of Final Inspection. <b>NOTE: ONE inspection is required for this permit; it is <a href="#">Final/Residential HVAC Inspection</a>.</b>	
Type name to sign OR print form and sign	Date:

The personal information collected on this form is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (Alberta). It will be used to process your permit application. Please be advised that your name, address and details related to your permit may be included on reports that are available to the public as required or allowed by legislation. If you have questions or concerns about the collection, use, disclosure or destruction of the personal information collected on this form, please contact Service Advisor, 2nd Floor, Edmonton Tower, 10111 104 Avenue, Edmonton, AB, T5J 0J4, 780-442-5054.