

Township of Admaston/Bromley

Building Permit Application Protocol

- 1. Application for New Residence Building Permit is completed in full and delivered to the Chief Building Official or the Municipal Office to be reviewed by the Chief Building Official.**
- 2. Notification will be given by the Chief Building Official if the Building application is in compliance and the amount of the fee payable will be given to the applicant.**
- 3. The Chief Building Official will notify the Township Municipal Office of the amount of the fee(s) and the Office can then accept payment.**
- 4. The Chief Building Official will be notified when the applicable fee is received by the Municipal Office.**
- 5. The Chief Building Official will contact the applicant when construction can be commenced.**

REQUIREMENTS TO SECURE A BUILDING PERMIT FOR A NEW RESIDENCE IN THE TOWNSHIP OF ADMASTON/BROMLEY

The following required steps are to be completed prior to the issuance of a building permit:

1. DEED FOR YOUR PROPERTY:

This must be shown to the Chief Building and Sewage System Inspector when requested in order to establish ownership of the property.

2. ENTRANCE PERMIT:

Permission must be obtained by the road authorities for you to make an entrance from the road into your property. For residences, even if there is an existing entrance in place, a permit is still required.

TOWNSHIP ROAD:

Apply at Township Garage
477 Stone Road
Chris Kunopaski – Road Superintendent
432-3175

COUNTY ROAD:

Contact Mark Behm – County of Renfrew
732-4353

PROVINCIAL HIGHWAY:

Contact Ministry of Transportation
Bancroft – 613-332-3220

3. SEPTIC SYSTEM APPROVAL:

Apply to Dennis Fridgen, Chief Building and Sewage System Inspector at 432-3290. Sewage Systems must be approved before residential building permits are obtained.

4. APPLICATION TO PERMIT: – application must be completed prior to obtaining a building permit.

5. BLUE PRINT PLANS:

Contact Dennis Fridgen, Chief Building and Sewage System Inspector for any details required concerning the construction of your proposed building for compliance with the Ontario Building Code- 432-3290 - RR #2, 451 Stone Road, Renfrew, ON K7V 3Z5

6. **ZONING BY-LAW CONFIRMATION:**

The proposed construction must conform to the Township's Zoning By-Law where applicable.

7. **LAND SURVEY AND/OR ELEVATION SURVEY:**

Certain circumstances, i.e. small lot, constructing close to setback limits, etc. may require a surveyor to establish the lot lines.

8. **PROPERTY IDENTIFICATION SIGNS: Civic 911 Addressing System:**

If your access is onto a Provincial or County Highway, application for an identification sign will be made when applying for a building permit. If access is onto a Municipal road, application will be made when obtaining your entrance permit from the Road Superintendent, Chris Kunopaski.

Cost to Purchase - \$25.00 (plus HST)

9. Building Form "B" **MUST** be used for the site plan and **MUST** be dated and signed.

10. **TOWNSHIP OF ADMASTON/BROMLEY OFFICE:**

RR #2
477 Stone Road
Renfrew, ON K7V 3Z5
Phone 613-432-2885
FAX 613-432-4052

Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the *Building Code Act, 1992*

For use by Principal Authority				
Application number:		Permit number (if different):		
Date received:		Roll number:		
Application submitted to: _____ (Name of municipality, upper-tier municipality, board of health or conservation authority)				
A. Project information				
Building number, street name			Unit number	Lot/con.
Municipality	Postal code	Plan number/other description		
Project value est. \$		Area of work (m ²)		
B. Purpose of application				
New construction	Addition to an existing building	Alteration/repair	Demolition	Conditional Permit
Proposed use of building		Current use of building		
Description of proposed work				
C. Applicant				
Applicant is:		Owner or Authorized agent of owner		
Last name	First name	Corporation or partnership		
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number ()	Fax ()	Cell number ()		
D. Owner (if different from applicant)				
Last name		First name	Corporation or partnership	
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number ()	Fax ()	Cell number ()		

E. Builder (optional)				
Last name		First name		Corporation or partnership (if applicable)
Street address			Unit number	Location
Municipality		Postal code	Province	E-mail
Telephone number ()		Fax ()	Cell number ()	
F. Tarion Warranty Corporation (Ontario New Home Warranty Program)				
i. Is proposed construction for a new home as defined in the <i>Ontario New Home Warranties Plan Act</i> ? If no, go to section G.			Yes	No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?			Yes	No
iii. If yes to (ii) provide registration number(s): _____				
G. Required Schedules				
i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.				
ii) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.				
H. Competence and compliance with applicable law				
i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted). Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the <i>Building Code Act, 1992</i> , to be paid when the application is made.			Yes	No
ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992</i> .			Yes	No
iii) This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992</i> which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.			Yes	No
iv) The proposed building, construction or demolition will not contravene any applicable law.			Yes	No
I. Declaration of applicant				
I, _____ (print name)			declare that:	
1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.				
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.				
Date		Signature of applicant		

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor, Toronto, M5G 2E5 (416) 585-8568.

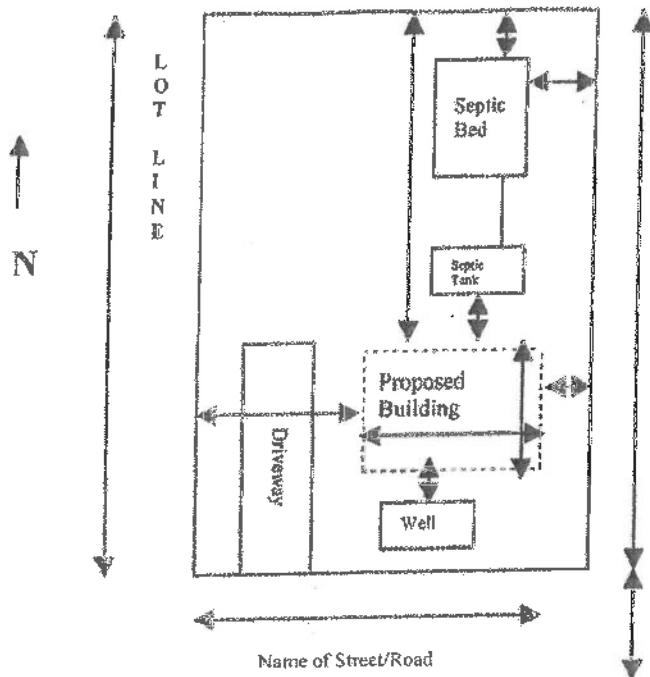
THIS DOCUMENT CONSTITUTES BUILDING FORM 'B' WHICH IS REQUIRED & MUST BE COMPLETED PRIOR TO THE ISSUANCE OF A BUILDING PERMIT IN THE MUNICIPALITY SPECIFIED ON FORM 'A'.
(Refer to back of this Form for instructions & Examples)

For Office Use Only
Permit No. _____
Lot _____ Conc _____

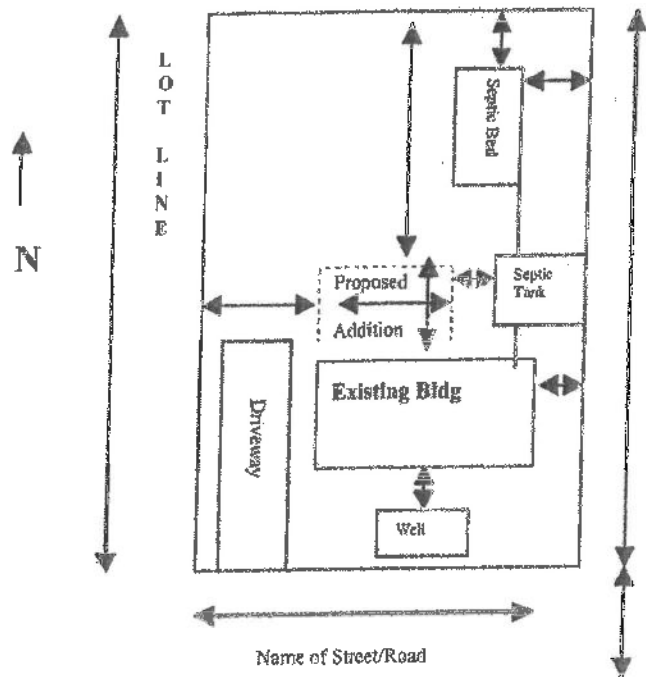
THE ACCURACY OF THE INFORMATION APPEARING ON BUILDING FORM 'B' IS THE RESPONSIBILITY OF THE APPLICANT AND IS HEREBY MADE PART OF THIS APPLICATION. I HEREBY CERTIFY THAT THE INFORMATION APPEARING ON BUILDING FORM 'B' IS TRUE AND ACCURATE TO BEST OF MY ABILITY.
OWNER OR AUTHORIZED AGENT _____
DATE _____

EXAMPLES ONLY

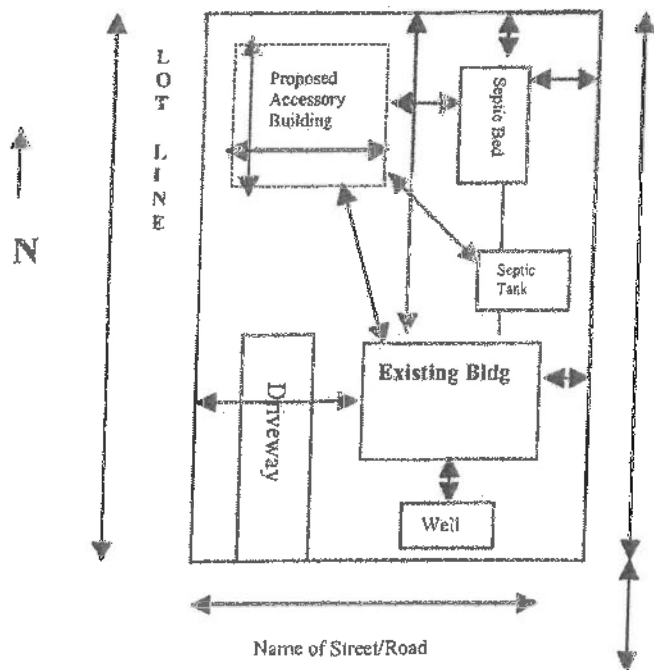
SAMPLE TO USE IF NEW BUILDING



SAMPLE TO USE IF ADDITION TO BUILDING



SAMPLE TO USE IF ACCESSORY BUILDING



ITEMS THAT MUST APPEAR ON SAMPLE USED

- 1 Frontage of Lot
- 2 Depth of Lot
- 3 If irregular shape - all dimensions
- 4 Location of Septic System
- 5 Location of Driveway
- 6 North to be indicated
- 7 Size of Proposed Building or Addition
- 8 Measurement in feet from Proposed or Existing Buildings in Relation to all Lot Lines and any water course (ie. creek, stream, marsh, lake or river)
- 9 Do not forget to sign Building Form "B"

Schedule 1: Designer Information

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

A. Project Information					
Building number, street name				Unit no.	Lot/con.
Municipality		Postal code	Plan number/ other description		
B. Individual who reviews and takes responsibility for design activities					
Name			Firm		
Street address				Unit no.	Lot/con.
Municipality		Postal code	Province	E-mail	
Telephone number ()		Fax number ()		Cell number ()	
C. Design activities undertaken by individual identified in Section B. (Building Code Table 3.5.2.1. of Division C)					
House		HVAC – House		Building Structural	
Small Buildings		Building Services		Plumbing – House	
Large Buildings		Detection, Lighting and Power		Plumbing – All Buildings	
Complex Buildings		Fire Protection		On-site Sewage Systems	
Description of designer's work					
D. Declaration of Designer					
<p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(print name)</p> <p>I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4. of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.</p> <p>Individual BCIN: _____</p> <p>Firm BCIN: _____</p> <p>I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5. of Division C, of the Building Code.</p> <p>Individual BCIN: _____</p> <p>Basis for exemption from registration: _____</p> <p>The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p>Basis for exemption from registration and qualification: _____</p> <p>I certify that:</p> <ol style="list-style-type: none"> The information contained in this schedule is true to the best of my knowledge. I have submitted this application with the knowledge and consent of the firm. <p>_____ Date _____ Signature of Designer _____</p>					

NOTE:

- For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) (c) of Division C, Article 3.2.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
- Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of practice, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.

RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

LOCATION OF INSTALLATION

Lot # _____ Plan # _____
Township _____
Roll # _____
Address _____

BUILDER

Name _____
Address _____
City _____
Tel _____ Fax _____

INSTALLING CONTRACTOR

Name _____
Address _____
City _____
Tel _____ Fax _____

COMBUSTION APPLIANCES

9.32.3.1.(1)

- a) Direct vent (sealed combustion only) _____
b) Positive venting induced draft _____
(except fireplaces)
c) Natural draft, B-Vent or
Induced draft fireplace _____
d) Solid fuel (including fireplaces) _____

HEATING SYSTEM

Forced Air _____
Non Forced Air _____
Electric Space Heat _____

HOUSE TYPE 9.32.3.2.(2)

- I Type a) or b) appliances, no solid fuel _____
II Type I except with solid fuel
(including fireplace) _____
III Any Type c) appliance _____
IV Type I, or II with electric space heat _____
OTHER: Type I, II, or IV no forced air _____

TOTAL VENTILATION CAPACITY 9.32.3.3.(1)

Bsmt & Master Bdrm _____ @ 10 L/S _____ L/S
Other Bedrooms _____ @ 5 L/S _____ L/S
Bathrooms & Kitchen _____ @ 5 L/S _____ L/S
Other Rooms _____ @ 5 L/S _____ L/S
TOTAL _____ L/S

PRINCIPAL VENTILATION CAPACITY 9.32.3.4.(1)

Master Bedroom _____ @ 15 L/S _____ L/S
Other Bedrooms _____ @ 7.5 L/S _____ L/S
TOTAL _____ L/S

PRINCIPAL EXHAUST FAN CAPACITY

Model: _____ Location _____
_____ L/S _____ Sones _____ HVI

HEAT RECOVERY VENTILATOR

Model: _____
_____ L/S High _____ L/S Low
_____ % Sensible Efficiency @ - 25C _____ HVI

SUPPLEMENTAL VENTILATION CAPACITY

Total Ventilation Capacity _____ L/S
Less Principal Vent. Capacity _____ L/S
Required Supplemental Vent. Cap _____ L/S

SUPPLEMENTAL FANS 9.32.3.5

Location	Model	L/S	Sones	HVI
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SYSTEM DESIGN OPTION

- 1 Exhaust Only/Forced Air System _____
2 HRV with Exhaust Ducts/Forced Air System _____
3 HRV Simplified Connection to
Air System _____
4 HRV - Full Ducting/Not Coupled
To Forced Air System _____
Part 6 Design _____

DESIGNER CERTIFICATION

I hereby certify that this ventilation system has been designed in accordance with the Ontario Building Code.

Name _____

Signature _____

HRAI # _____ Date _____

VENTILATION SYSTEM DECISION TREE

Dwelling has electric service?
Dwelling intended for occupancy on a continuing basis in winter?

Yes to both

Mechanical Ventilation is Required
Part 9 Residential occupancy?
4 or less bedrooms?
Self contained ventilation system serving single
dwelling unit?
Builder wants to use Part 9 Design?

Yes to All Above

Non solid fuel fireplaces are direct vent?
Other non solid fuel appliances are direct
vent or induced draft?

Yes to Both

Part 9 of the Code applies
Select one of the System Options described?

Yes

Some electric space heat?
Solid fuel fired appliances present?

Yes to Either

Type II or Type IV dwelling
HRV required
Couple ventilation to F/A heating system?

Yes

Options 2 and 3

No

Option 4

CO sensors required
If house contains solid fuel-fired
combustion appliance

No to either

Mechanical Ventilation is not
Required
Provide Natural Ventilation as per
9.32.1.2 and 9.32.2 of Code.

No to Any of Above

Design to Part 6

No to Either

Type III dwelling
Design to Part 6

No

Design to Part 9

No to Both

Type I dwelling.
Couple ventilation to FF/A system?

Yes

Options 1, 2, 3

No

Option 4

HOUSE TYPES

Type I

Only direct vented or mechanically induced draft fuel-fired combustion appliance: no solid fuel-fired combustion appliances: only direct vented fuel-fired fireplaces; no electric space heat.

Type II

Type I houses which contain solid fuel-fired combustion appliances.

Type III

All houses containing natural draft non-solid fuel-fired combustion appliances or mechanically vented induced draft non-solid fuel-fired fireplaces.

OPTIONS

OPTION 1

Exhaust only ventilation

OPTION 2

HRV coupled to a forced air heating system. Extended exhaust ductwork

OPTION 3

HRV coupled to a forced air heating system. Simplified exhaust ductwork.

OPTION 4

HRV not coupled to a forced air heating system.

Guide to the Energy Efficiency Design Summary Form for Performance & Other Acceptable Compliance Methods

COMPLETING THE FORM

B. Compliance Options

Indicate the compliance option being used.

- **SB-12 Performance** refers to the method of compliance in Subsection 3.1.2. of SB-12. Using this approach the designer must use recognized energy simulation software (such as HOT2000 V10.51 or newer), and submit documents which show that the annual energy use of the proposed building is equal to or less than a prescriptive (referenced) building package.
- **ENERGY STAR** houses must be designed to *ENERGY STAR* requirements and verified on completion by a licensed energy evaluator and/or service organization. The *ENERGY STAR* BOP form must be submitted with the permit documents.
- **R-2000** houses must be designed to the *R-2000 Standard* and verified on completion by a licensed energy evaluator and/or service organization. The HOT2000 report must be submitted with the permit documents.

C. Project Design Conditions

Climatic Zone: The number of degree days for Ontario cities is contained in Supplementary Standard SB-1

Windows, Skylights and Glass Doors: If the ratio of the total gross area of windows, sidelights, skylights, glazing in doors and sliding glass doors to the total gross area of walls is more than 17%, higher efficiency glazing is required. The total area is the sum of all the structural rough openings. Some exceptions apply. Refer to 3.1.1.1. of SB-12 for further details.

Fuel Source and Heating Equipment Efficiency: The fuel source and efficiency of the proposed heating equipment must be specified in order to determine which *SB-12 Prescriptive* compliance package table applies.

Other Building Conditions: These construction conditions affect *SB-12 Prescriptive* compliance requirements.

D. Building Specifications

Thermal Insulation: Indicate the RSI or R-value being proposed where they apply to the house design. Refer to SB-12 for further details.

E. Performance Design Summary

A summary of the performance design applicable only to the *SB-12 Performance* option.

F. ENERGY STAR or R-2000 Performance Method

Design to ENERGY STAR or R-2000 Standards.

G. House Designer

The building code requires designers providing information about whether a building complies with the building code to have a BCIN. Exemptions apply to architects, engineers and owners designing their own house.

BUILDING CODE REQUIREMENTS FOR AIRTIGHTNESS IN NEW HOUSES

All houses must comply with increased air barrier requirements in the building code. Notice of air barrier completion must be provided and an inspection conducted prior to it being covered.

The air leakage rates in Table 3.1.2.1. are not requirements. The Table is not intended to require or suggest that the building meet those airtightness targets. They are provided only as default or reference values for the purpose of annual energy simulations, should the builder/owner decide to perform such simulations. They are given in three different metrics; ACH, NLA, NLR. Any one of them can be used. They can be used as a default values for both a reference and proposed building or, where an air leakage test is conducted and credit for airtightness is claimed, the airtightness values in Table 3.1.2.1. can be used for the reference building and the actual leakage rates obtained from the air leakage test can be used as inputs for the proposed building.

OBC Reference Default Air Leakage Rates (Table 3.1.2.1.)

Detached dwelling	3.0 ACH50	NLA 2.12 cm ² /m ²	NLR 1.32 L/s/m ²
Attached dwelling	3.5 ACH50	NLA 2.27 cm ² /m ²	NLR 1.44 L/s/m ²

The building code requires that a blower door test be conducted to verify the air tightness of the house during construction if the *SB-12 Performance* option is used and an air tightness of less than 3.0 ACH @ 50 Pa (or NLA or NLR equivalent) in the case of detached houses, or 3.5 ACH @ 50 Pa (or NLA or NLR equivalent) in the case of attached houses is necessary to meet the required energy efficiency standard.

ENERGY EFFICIENCY LABELING FOR NEW HOUSES

ENERGY STAR and R-2000 may issue labels for new homes constructed under their energy efficiency programs. The building code does not currently regulate or require new home labeling.

Energy Efficiency Design Summary: Prescriptive Method

(Building Code Part 9, Residential)

This form is used by a designer to demonstrate that the energy efficiency design of a house complies with the building code using the prescriptive method described in Subsection 3.1.1. of SB-12. This form is applicable where the ratio of gross area of windows/sidelights/skylights/glazing in doors and sliding glass doors to the gross area of peripheral walls is not more than 22%.

For use by Principal Authority

Application No:	Model/Certification Number
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A. Project Information

Building number, street name	Unit number	Lot/Con
Municipality	Postal code	Reg. Plan number / other description

B. Prescriptive Compliance (indicate the building code compliance package being employed in this house design)

SB-12 Prescriptive (input design package): Package: _____ Table: _____

C. Project Design Conditions

Climatic Zone (SB-1):	Heating Equipment Efficiency:	Space Heating Fuel Source
<input type="checkbox"/> Zone 1 (< 5000 degree days)	<input type="checkbox"/> ≥ 92% AFUE	<input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Solid Fuel
<input type="checkbox"/> Zone 2 (≥ 5000 degree days)	<input type="checkbox"/> ≥ 84% < 92% AFUE	<input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Earth Energy
Ratio of Windows, Skylights & Glass (W, S & G) to Wall Area		Other Building Characteristics
Area of walls = _____ m ² or _____ ft ²	W, S & G % = _____	<input type="checkbox"/> Log/Post&Beam <input type="checkbox"/> ICF Above Grade <input type="checkbox"/> ICF Basement
Area of W, S & G = _____ m ² or _____ ft ²	Utilize window averaging: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Slab-on-ground <input type="checkbox"/> Walkout Basement
		<input type="checkbox"/> Air Conditioning <input type="checkbox"/> Combo Unit
		<input type="checkbox"/> Air Sourced Heat Pump (ASHP)
		<input type="checkbox"/> Ground Sourced Heat Pump (GSHP)

D. Building Specifications (provide values and ratings of the energy efficiency components proposed)

Energy Efficiency Substitutions			
<input type="checkbox"/> ICF (3.1.1.2.(5) & (6) / 3.1.1.3.(5) & (6)) <input type="checkbox"/> Combined space heating and domestic water heating systems (3.1.1.2.(7) / 3.1.1.3.(7))			
<input type="checkbox"/> Airtightness substitution(s) Airtightness test required (Refer to Design Guide Attached)			
<input type="checkbox"/> Table 3.1.1.4.B Required: _____ Permitted Substitution: _____ <input type="checkbox"/> Table 3.1.1.4.C Required: _____ Permitted Substitution: _____		Required: _____ Permitted Substitution: _____	
Building Component	Minimum RSI / R values or Maximum U-Value ⁽¹⁾		Building Component
	Nominal	Effective	Efficiency Ratings
Thermal Insulation			Windows & Doors Provide U-Value ⁽¹⁾ or ER rating
Ceiling with Attic Space			Windows/Sliding Glass Doors
Ceiling without Attic Space			Skylights/Glazed Roofs
Exposed Floor			Mechanicals
Walls Above Grade			Heating Equip.(AFUE)
Basement Walls			HRV Efficiency (SRE% at 0° C)
Slab (all >600mm below grade)			DHW Heater (EF)
Slab (edge only ≤600mm below grade)			DWHR (CSA B55.1 (min. 42% efficiency))
Slab (all ≤600mm below grade, or heated)			Combined Heating System
			# Showers _____

(1) U value to be provided in either W/(m²·K) or Btu/(h·ft²·F) but not both.

E. Designer(s) (name(s) & BCIN(s), if applicable, of person(s) providing information herein to substantiate that design meets the building code)

Qualified Designer Declaration of designer to have reviewed and take responsibility for the design work.		
Name	BCIN	Signature

Energy Efficiency Design Summary: Performance & Other Acceptable Compliance Methods

(Building Code Part 9, Residential)

This form is used by a designer to demonstrate that the energy efficiency design of a house complies with the building code using the Performance or Other Acceptable Compliance Methods described in Subsections 3.1.2. and 3.1.3. of SB-12,

This form must accurately reflect the information contained on the drawings and specifications being submitted. Refer to Supplementary Standard SB-12 for details about building code compliance requirements. Further information about energy efficiency requirements for new buildings is available from the provincial building code website or the municipal building department.

For use by Principal Authority	
Application No:	Model/Certification Number

A. Project Information

Building number, street name		Unit number	Lot/Con
Municipality	Postal code	Reg. Plan number / other description	

B. Compliance Option [indicate the building code compliance option being employed in this house design]

<input type="checkbox"/> SB-12 Performance* [SB-12 - 3.1.2.]	* Attach energy performance results using an approved software (see guide)
<input type="checkbox"/> ENERGY STAR®* [SB-12 - 3.1.3.]	* Attach Builder Option Package [BOP] form
<input type="checkbox"/> R-2000®* [SB-12 - 3.1.3.]	* Attach R-2000 HOT2000 Report

C. Project Building Design Conditions

Climatic Zone (SB-1):	Heating Equipment Efficiency	Space Heating Fuel Source
<input type="checkbox"/> Zone 1 (< 5000 degree days)	<input type="checkbox"/> ≥ 92% AFUE	<input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Solid Fuel
<input type="checkbox"/> Zone 2 (≥ 5000 degree days)	<input type="checkbox"/> ≥ 84% < 92% AFUE	<input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Earth Energy
Ratio of Windows, Skylights & Glass (W, S & G) to Wall Area		Other Building Characteristics
Area of walls = _____ m ² or _____ ft ²	W, S & G % = _____	<input type="checkbox"/> Log/Post&Beam <input type="checkbox"/> ICF Above Grade <input type="checkbox"/> ICF Basement
Area of W, S & G = _____ m ² or _____ ft ²		<input type="checkbox"/> Slab-on-ground <input type="checkbox"/> Walkout Basement
		<input type="checkbox"/> Air Conditioning <input type="checkbox"/> Combo Unit
		<input type="checkbox"/> Air Source Heat Pump (ASHP)
		<input type="checkbox"/> Ground Source Heat Pump (GSHP)
SB-12 Performance Reference Building Design Package indicating the prescriptive package to be compared for compliance		
SB-12 Referenced Building Package (input design package): Package: _____ Table: _____		

D. Building Specifications [provide values and ratings of the energy efficiency components proposed, or attach ENERGY STAR BOP form]

Building Component	Minimum RSI / R values or Maximum U-Value ⁽¹⁾	Building Component	Efficiency Ratings
Thermal Insulation	Nominal Effective	Windows & Doors Provide U-Value ⁽¹⁾ or ER rating	
Ceiling with Attic Space		Windows/Sliding Glass Doors	
Ceiling without Attic Space		Skylights/Glazed Roofs	
Exposed Floor		Mechanicals	
Walls Above Grade		Heating Equip.(AFUE)	
Basement Walls		HRV Efficiency (SRE% at 0°C)	
Slab (all >600mm below grade)		DHW Heater (EF)	
Slab (edge only ≤600mm below grade)		DWHR (CSA B55.1 (min. 42% efficiency))	# Showers _____
Slab (all ≤600mm below grade, or heated)		Combined Space / Dom. Water Heating	

(1) U value to be provided in either W/(m²•K) or Btu/(h•ft²•F) but not both.

**FOR OFFICE USE ONLY
INSPECTION REPORT**

INSPECTION	DATE	REMARKS	INSPECTED BY
EXCAVATION			
FTGS & FDNS			
FRAMING			
INSULATION V.B. & A.B.			
FIREPLACES CHIMNEYS			
EXTERIOR FINISHING			
INTERIOR FINISHING			
PLUMBING			
H.V.A.C.			
OCCUPANCY			
FINAL INSPECTION			
FILED		NOTES	
OUTSTANDING ORDERS			