



The Corporation of the  
**Town of LaSalle**  
 5950 Malden Rd., LaSalle Ont  
 N9H 1S4 (519)969-7770

# Town of LaSalle

## Building Inspection Division

### Heating Permit Application

To the Inspector of Building:

#### Application for Permit to install, Alter, Replace or Repair any Heating, Ventilating or Air Conditioning System and Equipment.

PLEASE PRINT THE FOLLOWING

Location of Work: \_\_\_\_\_  
 \_\_\_\_\_

#### Intended Use of Building:

- |                                      |                                     |                                     |  |
|--------------------------------------|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial | <input type="checkbox"/> Institutional |
| <input type="checkbox"/> Government  | <input type="checkbox"/> Old        | <input type="checkbox"/> New        | <input type="checkbox"/> Addition      |

#### Property Owner's Information:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Contractor's Information:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Signing Officer (if Company):

Name: \_\_\_\_\_

#### B.C.I.N. # \_\_\_\_\_

Licence Holder: \_\_\_\_\_

I, \_\_\_\_\_, hereby, make application to:  
 (print name of Licence Holder)

Brief description of work: \_\_\_\_\_  
 \_\_\_\_\_

No. of dwelling units: \_\_\_\_\_ No. of tenant spaces: \_\_\_\_\_

#### Type of system:

- |  |   |   |  |                                    |
|--|---|---|--|------------------------------------|
| <input type="checkbox"/> Gas                 | <input type="checkbox"/> Oil                      | <input type="checkbox"/> Electric       | <input type="checkbox"/> Forced Warm Air | <input type="checkbox"/> Hot Water |
| <input type="checkbox"/> Space & Unit Heater | <input type="checkbox"/> Central Air Conditioning | <input type="checkbox"/> Roof Top Units |  |                                    |
| <input type="checkbox"/> Low Pressure Steam  | <input type="checkbox"/> F.A. / Hydronic          |   |  |                                    |

Other (specify): \_\_\_\_\_  
 \_\_\_\_\_

Other (specify): \_\_\_\_\_

Model No.: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Capacity: \_\_\_\_\_ Total Heat Loss / Load: \_\_\_\_\_ BTU / HR

Estimated Cost: \$ \_\_\_\_\_ Licence No.: \_\_\_\_\_ Class of Licence: \_\_\_\_\_

**I hereby certify that I have full knowledge of the particulars contained in the foregoing statement, and I solemnly declare that the same are, in every respect, fully and truly stated to the best of my knowledge and belief.**  
**Date at Town of LaSalle, 5950 Malden Rd., LaSalle, Ontario N9H 1S4**

\_\_\_\_\_  
*(signature of Licence holder)*

\_\_\_\_\_  
*(Signature of Witness)*

\_\_\_\_\_  
*(Date)*

**FOR OFFICE USE ONLY**

Permit Fee: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

Reference No.: \_\_\_\_\_ Building Permit: \_\_\_\_\_

Issued By: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Roll No.: \_\_\_\_\_ Permit No.: \_\_\_\_\_

**RESIDENTIAL, MECHANICAL, VENTILATION DESIGN SUMMARY**  
**For systems serving one dwelling unit & conforming to the Ontario Building Code, O. Reg 158/93**

COMBUSTION APPLIANCES	9.32.3.1.(1)
a) <input type="checkbox"/> Direct vent (sealed combustion) only	
b) <input type="checkbox"/> Positive venting induced draft to dedicated sealed vent (except fireplaces)	
c) <input type="checkbox"/> Natural draft, B-vent or induced draft gas fireplace	
d) <input type="checkbox"/> Solid Fuel (including fireplaces)	
e) <input type="checkbox"/> No Combustion Appliances	

HEATING SYSTEMS
<input type="checkbox"/> Forced Air <span style="margin-left: 150px;"><input type="checkbox"/> Non Forced Air</span>
<input type="checkbox"/> Electric Space Heat

HOUSE TYPE	9.32.1.(2)
<input type="checkbox"/> I Type a) or b) appliances only, no solid fuel	
<input type="checkbox"/> II Type I except with solid fuel (including fireplaces)	
<input type="checkbox"/> III Any Type c) appliance	
<input type="checkbox"/> IV Type I, or II with electric space heat	
<input type="checkbox"/> Other: Type I, II or IV no forced air	

SYSTEM DESIGN OPTION	O.N.H.W.P.
<input type="checkbox"/> 1 Exhaust only/ Forced Air System	
<input type="checkbox"/> 2 HRV with extended Exhaust Connection to Forced Air System	
<input type="checkbox"/> 3 HRV Simplified Exhaust Connection to Forced Air System	
<input type="checkbox"/> 4 HRV – Full Ducting / Not Coupled to Forced Air System	
<input type="checkbox"/> Part 6	

TOTAL VENTILATION CAPACITY	9.32.3.3.(1)
Basement & Master Bedroom	_____ @ 20 cfm _____ cfm _____ @ 10 L/s _____ L/s
Other Bedrooms	_____ @ 10 cfm _____ cfm _____ @ 5 L/s _____ L/s
Bedroom & Kitchen	_____ @ 10 cfm _____ cfm _____ @ 5 L/s _____ L/s
Other Rooms	_____ @ 10 cfm _____ cfm _____ @ 5 L/s _____ L/s
Table 9.32.3.A.	TOTAL _____ cfm _____ L/s

PRINCIPAL VENTILATION CAPACITY REQUIRED	9.32.3.4.(1)
One Bedroom (Master)	15 L/s/30 cfm <input type="checkbox"/>
Two Bedrooms	22.5 L/s/45 cfm <input type="checkbox"/>
Three Bedrooms	30 L/s/60 cfm <input type="checkbox"/>
Four Bedrooms	37.5 L/s/75 cfm <input type="checkbox"/>
More than 4 Bedrooms – Part 6 Design	_____ L/s _____ cfm
Total ventilation capacity based on bedroom count	
Table 9.32.3.B.	TOTAL _____ cfm _____ L/s

SUPPLEMENTAL VENTILATION CAPACITY	9.23.3.5
Total Ventilation Capacity	_____ cfm _____ L/s
Less Principal Ventil. Capacity	_____ cfm _____ L/s
Required Supplemental Vent. Capacity	_____ cfm _____ L/s

PRINCIPAL EXHAUST FAN CAPACITY
Model: _____ Location: _____
_____ Cfm
_____ L/s _____ Sones <input type="checkbox"/> HVI App'd

SUPPLEMENTAL FANS	9.32.3.5				
LOCATION	MODEL	L/s	CFM	SONES	HVI APP'D
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

HEAT RECOVERY VENTILATOR	9.32.3.11.
Model: _____	
_____ Cfm high _____ cfm low	
_____ L/s high _____ L/s high	
_____ % Sensible Efficiency @ -25° <input type="checkbox"/> HVI App'd	

LOCATION OF INSTALLATION
Lot: _____ Concession: _____
Town: _____ Plan: _____
Address: _____
Roll # _____ Building Permit # _____

BUILDER
Name: _____
Address: _____
City: _____
Telephone: _____ Fax: _____

INSTALLING CONTRACTOR
Name: _____
Address: _____
City: _____
Telephone: _____ Fax: _____

DESIGNER CERTIFICATION
I hereby certify that this ventilation system has been designed in accordance with the Ontario Building Code
Name: _____
Signature: _____
HRAI # _____ Date: _____

**NOTICE TO CONTRACTORS FOR THE INSTALLATION OF HEATING,  
VENTILATION AND AIR CONDITIONING REQUIREMENTS FOR BASEMENTS OF  
DWELLINGS CONDITIONS:**

**FINISHED BASEMENTS**

- Warm air supply outlets and returns must be brought down near floor,

**OR**

A separate supplementary heating system, thermostatically controlled to provide a minimum of 20% of the calculated heat requirement for the space on a continuous basis; thermostats to be installed on wall.

- Finished rooms in basements such as bedroom and others that are not under the influence of the supplementary heating system must have outlets installed near floor level.
- When outlets are installed near floor, all ductwork must be installed in the wall. Exposed ductwork will not be allowed.

Signed by owner: \_\_\_\_\_ Supplementary heating systems:  Yes  No  
Signed by contractor: \_\_\_\_\_ Signed by owner: \_\_\_\_\_  
Date: \_\_\_\_\_ Signed by contractor: \_\_\_\_\_  
Date: \_\_\_\_\_

**OPEN UNFINISHED BASEMENTS**

- warm air supply outlets are allowed at ceilings near outside walls
- at walkouts, outlets must be brought down near floor
- returns must be installed near floor

Basement unfinished

Signed by owner: \_\_\_\_\_  
Signed by contractor: \_\_\_\_\_  
Date: \_\_\_\_\_

I hereby certify that I have full knowledge of the particulars contained in the following statement, and I solemnly declare that the same are, in every respect, fully and truly stated to the best of my knowledge and belief.

Date at the Town of LaSalle, 5950 Malden Road, LaSalle, Ontario, N9H 1S4