

1439 County Rd 8, Delta ON K0E 1G0 Tel: (613)928-2251 1-800-928-2250 Fax: (613) 928-3097 **Building section**

Form IP-11-1

ADDRESS:	DATE:
	Recheck date:
EXTERIOR	Inspector:
□ Parging	
☐ Weep holes in masonry at base of wall and	BASEMENT
over windows at 32" o/c (9.20.13.8)	☐ Furnace BTU vs. design value (Part 6)
☐ Hose bibs with backflow preventors (7.6.2.2)	□ Posts fastened to beams
Building envelope sealed at all exterior vents,	☐ Strapping each side S/S beams (9.23.92)
pipes, windows, siding to brick etc.	☐ Insulation to within 200mm of floor (2.1.1.6)
(9.20.13.11)	□ > 2'-11" Drainage Layer provided (9.14.2.1)
HRV Inlet/Outlet pipes min. 2'-11" apart	☐ Trap seal primer; floor drain (7.4.5.5)
Final grading done	☐ 1 ½" Vent for future Connections (7.5.5.5(2))
Final backfill height vs. foundation type	\square Sump pit with pump (9.14.5.2)
(9.15.4.2)	☐ Blown insulation certificate posted
Block 6" above grade or window wells	☐ Vent in cold room, threshold and weather
(9.23.2.3(2)	stripping
Deck complete including SB-7 guard	☐ ¾" supply to first branch to HWT
Exterior lights at doors (9.34.2.1)	☐ Blow off for HWT – 6-12" above floor
Design for retaining walls higher than 1m	(7.6.1.12(5)
(1.3.1.1) Flashing at roof connections (9.26.4)	☐ Thermostatic Mixing valves on -
	HWT/fixtures (7.6.5.1)
Roof vents (9.19.1.2) Vent terminal above roof min. 6" (7.5.6.5)	☐ Pressure relief valve on HWT (7.6.1.12(2)
Stair tread and riser, railings/guards (9.8.4.2)	☐ Traps on all fixtures (7.4.5.1)
	☐ Ventilation system as per design (9.32)
Handrail more than 3 risers (9.8.7.1(2)(b) Landing secondary entrance more than 3	☐ Plenum clearance to OBC and listing
risers (9.8.6.2)	☐ Furnace switch operational
115015 (9.8.0.2)	☐ Shut offs accessible for all hose bibs
NTEDIAD	☐ Cleanouts accessible
NTERIOR	 Sewage ejector pump with vent pipe and
All dead bolts in place (9.6.8.3)	union, check and shut off (7.4.6.3(6))
Lights over all entrances (9.34.2.1)	
Door viewer/sidelight at door (9.6.8.8) Smoke alarms on each level interconnected	OTHER APPROVALS
Smoke alarms on each level interconnected (9.10.19.2)	☐ Use permit for septic system
2 nd SA if distance exceeds 15m	☐ ESA approvals for electrical systems (Hydro
(9.10.19.2(1)(a)	Final)
Carbon monoxide detectors at bedroom level	☐ Utilities approval for gas (T.S.S.A) (form)
(9.33.4.2 and 9.33.4.3)	☐ HRV balancing report (form)
Plumbing fixtures installed correctly	☐ Plumbing Contractor Form (not required if
(hot/cold)	tests completed and witnessed by Bldg Dept)
Clean out on trap (sink drains)	☐ HVAC – Sign off to be completed by
Cleanout: Kitchen sink fixture drain after trap	installer
and every 6m	☐ SB-12 form posted
Handrails more than 2 risers (9.8.7.1(2)(a)	☐ Outstanding Engineer/Architect reports
3-way switches working (9.34.2.3)	□ Work orders cleared
Stairs and landings - 6'-5" headroom	☐ Well water test certificate
(9.8.2.2)	☐ Well tagged
One light per room or receptacle switched	□ 911 sign
(9.34.2.2)	☐ Entrance Final (Public Works)
Wash basin/WC/Shower or tub	☐ Site Plan Conditions cleared (if applicable)
Fans operational and labelled; furnace	☐ RVCA/CRCA final completion (if
circulation fan working independently	applicable)
(9.32.3.4(4)	
CSA approved fixtures (7.2.1.4)	OTHER NOTES:
6 litre low flush toilets (7.6.4.2)	
Attic hatch including seal (9.19.2.1)	
Hot water available (9.31.4.3)	
Clean outs in appropriate places (7.4.7.1)	
Traps on all appliances (7.4.5.1)	
Garage gas seal and door closer (9.10.13.15)	
No exposed wood ducts; bottom of R/A	
(6.2.3.20(4))	
Window forced entry requirements (9.7.6.1)	
Fire stopping (9.10.16)	
Guards both sides stairs more than 2 risers	
9.8.8.1 (3))	
Underlay beneath ceramic tile (9.30.6)	
Grease filter for Kitchen HRV (9.32.3.10(5)	
Kitchen cabinets; protection above counter at	
173/4" each side of range and no exposed	N/A = Not applicable
wood adjacent/behind	11/1x - 110t apprearie 🖂 - 110t III Compitance



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FINAL PAPERWORK REQUIRED FOR OCCUPANCY OF SINGLE FAMILY DWELLING

Approvals Re	Required	Received	
Ontario Hydro (ESA)	Final ESA approval required for all electrical work		
Plumbers sign off	Required to be completed by plumber with a "Certificate of Qualification" in Ontario. Not required all "tests" are witnessed by building inspector as required in 7.3.6		
HVAC	Sign off required to be completed by HVAC installer		
HRAI Balancing	Balancing form to be submitted by contractor. Contractor must have Level 1 HRAI Certification		
T.S.S.A. completion/testing form	All gas installers must complete sign off form indicating all gas installations have been tested		
Potable Water	Proof of potable water must be submitted. Water testing bottles to be taken to L&G Health Unit in Brockville/Smiths Falls		
Well Record	Well record is required for all new wells from Ministry of Environment		
Entrance Permit	Entrance permit final inspection required. Contact Public Work Department when entrance installed/completed (1-800-928-2250 ext 227)		
Energy Efficiency	Ensure Energy Efficiency paperwork posted beside electrical panel upon final inspection		
Septic Final	Septic final inspection required for new systems or alterations to existing systems		



Township of Rideau Lakes



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мемо то:	Township of Rideau La	akes, Chief Building Official	
FROM:	Plumbing Installer	DATE:	
OWNER:			
PROJECT AI	DDRESS:		
This will confir successfully pa Building Code:	ssed the requirements fo	stem for the above-mentioned project has been tested or testing under Section 7.3.6 and 7.3.7 of the Ontario	and
All con 1. Pre 7.3 2. Fin acc 3. Bal	essure test using air or wa .6.1(1) al test using smoke or aid cordance with OBC Section	e and venting system have passed the following tests: vater at the rough-in stage in accordance with OBC Source pressure after the installation of all fixtures, in	ection
The ent	BLE WATER SYSTEM tire potable water system complete system after the 7.3.7.2(1)	MS m has successfully passed the pressure test using wate the installation of all fixtures, in accordance with OBC	er or aig
the relevant Car connections exi	nadian Standards Associons that would render the	ents of the plumbing system are marked in accordance iation (CSA) as detailed under Section 7.2.1.3(2), no expotable water systems non-potable as detailed under the water efficiency requirements detailed under OF	cross
The plumbing s	ystem is complete and re	ready for operation by the building occupants.	
PLUMBING CO)MPANY:	CONTACT #:	
PLUMBING CO)MPANY ADDRESS:		
MAMIE OF DITT	MDED (Diagram) ()	Q)" as a plumber and have attached a copy of my certifica	
SIGNATURE:	are or Quantification (C of C	2) as a promoter and have attached a copy of my certifica	ie.





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MEMORADNUM

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

MEMO 10:	Paul Nixon, Chief Bu	ilding Official	
FROM:	Heating Contractor		
DATE:			
RE:	Owner Name		
	Address		
This is to certification of the		A	has completed the
Heating sys	stem ventilation system	em air-conditioning	system gas fireplace
accordance with basis for which	th the drawings and design the Building Permit was	ns supplied to the Buildin	system(s) have been installed in g Department, which formed the anges thereto authorized by the tions as:
	I furth	er certify that any gas/pro neet the relevant T.S.S.A	pane installations where
Minor changes	to the system, which do	not adversely affect its op	peration, are as follows:
Attached is a p standing.	hotocopy of my certificat	tions (HRAI or equivalent	t) of which I am a member in good
SIGNATURE		DATE	



	F.	RESIDENTIAL FOR CHITICALE	MECHANICAL VENTILATION RECORD Word Design and Performance of Residential Ventilation Systems	V2
1	78	Forced Air Non Forced Air	Roll#	
	3	☐ Electric ☐ Gas ☐ Oil ☐ Other	Lot & Plan # Township	OCATION
200	, de	No combustion appliances No depressurization lim	nit Civic Address	ŠČĀ
	**	Solid Fuel (including Fireplaces) 5 pa. lim	nit Name R-2000 I.D.#	<u>ال</u>
	USTIO	Direct Vent (Sealed Combustion) only No dep. lim	"" Address	Ī
5	∞ ≥≃	Positive venting induced draftpa. dep. limi	Tit City Postal Code	띪
	Ö	Natural draft or B-vent 5 pa. limi	Tel. Fax	BUILDER
10	Ę	Clothes Dryer 160 cfm		<u></u>
A 15c	MEN	Down-draft Cook-top 220 cfm		
EXH	5	Other: (over 160 cfm)	NBC '95-(9.32.3)	
	ញ	DEPRESSURIZATION TEST/CALC. REQUIRED? yes no	T OUNCE	E H
NO	C	Bsmt & Master Bdrm @ 20 cfmdm	City Postal Code	DESIGNER
	છુ	Other Bedrooms@ 10 cfmcfm	* - 	Ö
E E		Bathrooms & Kitchen@ 10 cfmcfm	Singer	
AL.V	ତ୍ର	Other Rooms @ 10 cfmcfm	T I Date	
TOT	CAB	TOTAL VENTILATION CAPACITY (TVC) dm	Controls functioning Fans operating & clean	
		CONTINUOUS D	Filters clean Flow Measuring Stations	
TIO.	Kit	chens@60 cfmcfm	Dampers accessible Insulated duct sealed	
A.P.	Ba	throoms @20 cfmcfm		2
SIC		TOTALcfm	Distribution to all rooms (non-forced air)	2
ΗVD	Kito	INTERMITTENT E	Forced-air systemcontinuous modeinterlock	2
EX	Bat	hrooms @50 cfm cfm	LI Grease tilter kitchen intake (if duct not accessible for cleaning)	2
F	Loc	ation	Kitchen exhaust 4 ft from range	1
	Mar	nufacturer/Model:	Exhaust 4" above grade Supply 18" above grade Supply intake 6ft from exhaust (recommended)	
STEM		HVI 🗌		N 4 W 2000
~~	Des	sign Airflow:cfm Highcfm Low	Other	
TVCS		% Sensible Efficiency @ 0°Cwatts % Sensible Efficiency @ -25°Cwatts	<u> </u>	
	1 L	Ocation:	MEASURED VENTILATION (TVC System)	3
G		utacturer/Model: cfm sones	Supply:cfm Highcfm Low	
Ξ.		HVI	Exhaust:cfm Highcfm Low	
21		ocation: ofm sones	certify this ventilation system to be installed in accordance with:	
51	Man	ufacturer/Model:	NBC '95-(9.32.3) OBC '93 (9.32.3) BCBC '92	
	3] L	Ocation: cfm sones	Name HAAI#	
ZJ.	Van	uracturer/Model:	Address	
ΞL	Lo	HVI Cation:	Address City Postal Code	
٩٢		ufacturer/Model: cfm sones	Tel. Fax	
1		HV!	Signature Date	

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OIL/GAS APPLIANCE HOOK UP CERTIFICATION

I,	certify that all/any oil/gas appliances
at the address known as	have been
installed/connected and tested in accor	rdance with the relevant T.S.S.A.
guidelines.	
I hold a valid certification with T.S.S.	A.
T.S.S.A. #:	-
Signature	-
Date	-

