





*"An Experience to Remember"*

**FINAL PAPERWORK REQUIRED FOR  
OCCUPANCY OF SINGLE FAMILY DWELLING**

Approvals Required for Occupancy		Required	Received
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 all "tests" are 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	<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 (1-800-928-2250 ext 227)	<input type="checkbox"/>	<input type="checkbox"/>
Energy Efficiency	Ensure Energy Efficiency paperwork posted beside electrical panel upon final inspection	<input type="checkbox"/>	<input type="checkbox"/>
Septic Final	Septic final inspection required for new systems or alterations to existing systems	<input type="checkbox"/>	<input type="checkbox"/>





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**MEMO TO:** Township of Rideau Lakes, Chief Building Official

**FROM:** Plumbing Installer

**DATE:** \_\_\_\_\_

**OWNER:** \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_

This will confirm that the plumbing system for the above-mentioned project has been tested and successfully passed the requirements for testing under Section 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 Section 7.3.6.1(1)
2. Final test using smoke or air pressure after the installation of all fixtures, in accordance with OBC Section 7.3.6.1(2)
3. Ball tests on all building drains and building sewers in accordance with OBC Section 7.3.6.1(5)

**B. POTABLE WATER SYSTEMS**

The entire potable water system has successfully passed the pressure test using water or air on the complete system after the installation of all fixtures, in accordance with OBC Section 7.3.7.2(1)

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 Section 7.2.1.3(2), no cross connections exist that would render the potable water systems non-potable as detailed under Section 7.6.2.1(1), and all fixtures meet the water efficiency requirements detailed under OBC Section 7.6.4.

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

**PLUMBING COMPANY:** \_\_\_\_\_ **CONTACT #:** \_\_\_\_\_

**PLUMBING COMPANY ADDRESS:** \_\_\_\_\_

**NAME OF PLUMBER (Please Print):** \_\_\_\_\_

I have a "Certificate of Qualification (C of Q)" as a plumber and have attached a copy of my certificate.

**SIGNATURE:** \_\_\_\_\_





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**MEMORADNUM**

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

MEMO TO: Paul Nixon, Chief Building Official

FROM: Heating Contractor

DATE: \_\_\_\_\_

RE: Owner Name \_\_\_\_\_

Address \_\_\_\_\_

This is to certify that \_\_\_\_\_ has completed the installation of the:

Heating system  ventilation system  air-conditioning system  gas fireplace

at the above-referenced project. 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. Further, I hold a Certificate of Qualifications as: \_\_\_\_\_. I further certify that any gas/propane installations were completed by a certified gas fitter and meet the relevant T.S.S.A regulations.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attached is a photocopy of my certifications (HRAI or equivalent) of which I am a member in good standing.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE





# RESIDENTIAL MECHANICAL VENTILATION RECORD

W2

For Certification of Design and Performance of Residential Ventilation Systems

<b>A</b> 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>B</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		Name _____ HRAI # _____		
<b>C</b> TOTAL VENTILATION CAPACITY (TV C)	Bsmt & Master Bdrm _____ @ 20 cfm _____ cfm		Address _____	
	Other Bedrooms _____ @ 10 cfm _____ cfm		City _____ Postal Code _____	
	Bathrooms & Kitchen _____ @ 10 cfm _____ cfm		Tel. _____ Fax _____	
	Other Rooms _____ @ 10 cfm _____ cfm		Signature _____ Date _____	
	TOTAL VENTILATION CAPACITY (TV C) _____ cfm			
<b>D</b> EXHAUST CAPACITY CONTINUOUS	Kitchens _____ @ 60 cfm _____ cfm		<input type="checkbox"/> Controls functioning <input type="checkbox"/> Fans operating & clean	
	Bathrooms _____ @ 20 cfm _____ cfm		<input type="checkbox"/> Filters clean <input type="checkbox"/> Flow Measuring Stations	
	TOTAL _____ cfm		<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	
<b>E</b> EXHAUST CAPACITY INTERMITTENT	Kitchens _____ @ 100 cfm _____ cfm		<input type="checkbox"/> Grease filter kitchen intake ( <i>if duct not accessible for cleaning</i> )	
	Bathrooms _____ @ 50 cfm _____ cfm		<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 _____	
<b>F</b> TV C SYSTEM	Location _____		<b>MEASURED VENTILATION (TV C System)</b>	
	Manufacturer/Model: _____ HVI <input type="checkbox"/>			
	Design Airflow: _____ cfm High    _____ cfm Low			
	_____ % Sensible Efficiency @ 0°C    _____ watts			
_____ % Sensible Efficiency @ -25°C    _____ watts		Supply: _____ cfm High    _____ cfm Low		
<b>G</b> ADDITIONAL EQUIPMENT	1) Location: _____ cfm    _____ sones		Exhaust: _____ cfm High    _____ cfm Low	
	Manufacturer/Model: _____ HVI <input type="checkbox"/>		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	
	2) Location: _____ cfm    _____ sones			
	Manufacturer/Model: _____ HVI <input type="checkbox"/>		Name _____ HRAI # _____	
	3) Location: _____ cfm    _____ sones		Address _____	
	Manufacturer/Model: _____ HVI <input type="checkbox"/>		City _____ Postal Code _____	
	4) Location: _____ cfm    _____ sones		Tel. _____ Fax _____	
	Manufacturer/Model: _____ HVI <input type="checkbox"/>		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 accordance with the relevant T.S.S.A. guidelines.

I hold a valid certification with T.S.S.A.

T.S.S.A. #: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

