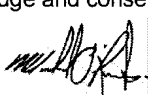


Schedule 1: Designer Information

Type in the text you want to insert

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 MODEL CERTIFICATION		Unit no. N/A	Lot/con. N/A
Municipality KING CITY	Postal code N/A	Plan number/ other description N/A	
B. Individual who reviews and takes responsibility for design activities			
Name MICHAEL O'ROURKE		Firm HVAC DESIGNS LTD.	
Street address 65 CHURCH STREET SOUTH		Unit no.	Lot/con.
Municipality AJAX	Postal code L1S 6A7	Province ONTARIO	E-mail info@hvacdesigns.ca
Telephone number (905) 619-2300	Fax number (905) 619-2375	Cell number ()	
C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]			
<input type="checkbox"/> House <input type="checkbox"/> Small Buildings <input type="checkbox"/> Large Buildings <input type="checkbox"/> Complex Buildings			
<input type="checkbox"/> HVAC – House <input type="checkbox"/> Building Services <input type="checkbox"/> Detection, Lighting and Power <input type="checkbox"/> Fire Protection			
<input type="checkbox"/> Building Structural <input type="checkbox"/> Plumbing – House <input type="checkbox"/> Plumbing – All Buildings <input type="checkbox"/> On-site Sewage Systems			
Description of designer's work Heat Loss/Gain Calculations Duct Sizing Residential Mechanical Ventilation Design Summary Residential System Design per Can/CSA-F280-M90		Model: 50-4 Project: CASTLES OF KING CITY	
D. Declaration of Designer			
I, <u>MICHAEL O'ROURKE</u> declare that (choose one as appropriate): (print name)			
<input type="checkbox"/> 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. Individual BCIN: _____ Firm BCIN: _____			
<input checked="" type="checkbox"/> 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. Individual BCIN: <u>19669</u> Basis for exemption from registration: <u>O.B.C. SENTENCE 3.2.4.1. (4)</u>			
<input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code. Basis for exemption from registration and qualification: _____			
I certify that:			
1. The information contained in this schedule is true to the best of my knowledge.			
2. I have submitted this application with the knowledge and consent of the firm.			
JANUARY 30, 2014			
Date		Signature of Designer	

NOTE:

- For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d) 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 authorization, 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.

ROOM USE	WIC	ENS	WIC	BED-2	BED-3	BED-4	BATH	WIC-2	STUDY	ENS-2	R1	R2
EXP. WALL	22	26	9	13	30	28	11	7	24	6	0	0
RM AREA	493	168	99	182	182	196	242	77	143	98	0	0
CLG. HT.	11	10	10	10	10	10	10	10	10	10	9	9
COLD FLOOR	0	77	0	0	0	196	0	77	0	66	0	0
COLD CEILING	493	168	99	182	182	196	242	77	143	98	0	0
NO ATTIC EXPOSED CLG	0	0	0	0	0	0	0	0	0	0	0	0
GROSS WALL BAS ABOVE GRADE	0	0	0	0	0	0	0	0	0	0	0	0
GROSS WALL BAS BELOW GRADE	0	0	0	0	0	0	0	0	0	0	0	0
FACTORS												
GRS WALL AREA	242	260	90	130	300	280	110	70	240	60	0	0
GLAZING	0	0	0	0	0	0	0	0	0	0	0	0
NORTH	19.50	13.96	0	0	0	14	0	0	0	7	0	0
EAST/WEST	19.50	33.00	0	0	0	49	0	0	27	137	0	0
SOUTH	19.50	20.92	12	234	251	7	137	146	0	0	0	0
SKYLT.	19.50	136.72	0	0	0	0	0	0	0	0	0	0
DOORS	25.91	4.98	0	0	0	0	0	0	0	0	0	0
NET EXPOSED WALL	2.92	0.56	163	477	92	226	661	127	213	623	120	53
NET EXPOSED WALL BAS ABOVE GR	3.60	0.45	0	0	0	0	0	0	0	0	0	0
EXPOSED CLG 1.48	0.70	0	99	147	70	182	270	128	143	212	101	98
NO ATTIC EXPOSED CLG	2.42	1.15	0	0	0	0	0	0	0	0	0	0
EXPOSED FLOOR	2.36	0.45	0	0	0	196	463	89	0	0	0	0
EXPOSED WALL BAS BELOW GRADE	22.00	0	0	0	0	0	0	0	0	0	0	0
BELOW GRADE HT LOSS FLOOR	1.08	0	0	0	0	0	0	0	0	0	0	0
SUBTOTAL HT LOSS	2749	1755	410	882	1678	2617	797	501	1362	593	0	0
SUB TOTAL HT GAIN	970	620	145	312	592	924	281	177	481	209	0	0
HT LOSS AIR LEAKAGE FACTOR 0.353	349	159	14	59	161	260	45	15	134	27	0	0
HT GAIN AIR LEAKAGE FACTOR 0.120	480	240	1	240	240	1	240	1	240	1	0	0
HT GAIN PEOPLE/APPLIANCES 240	3719	2375	555	1194	2270	3541	1078	678	1842	802	0	0
TOTAL HT LOSS BTU/H	4849	2231	487	1020	2256	3450	858	499	1931	642	0	0
TOTAL HT GAIN x 1.3 BTU/H												

I REVIEW AND TAKE RESPONSIBILITY FOR THE DESIGN WORK AND AM QUALIFIED IN THE APPROPRIATE CATEGORY AS AN "OTHER DESIGNER" UNDER DIVISION C.3.2.5 OF THE BUILDING CODE.

INDIVIDUAL BCIN: 19669

MICHAEL O'ROURKE

ROOM USE	WIC-3	DIN	KIT	FAM	LAUN	WIR	FOY	DEN	R3	R4	WOB	BAS
EXP. WALL	6	12	51	39	37	6	29	34	0	0	0	0
RM AREA	84	0	0	0	0	10	10	10	0	0	0	0
CLG. HT.	10	10	10	11	10	10	10	10	9	9	9	9
COLD FLOOR	84	0	0	0	0	0	0	0	0	0	0	0
COLD CEILING	0	0	0	0	0	0	0	0	0	0	0	0
NO ATTIC EXPOSED CLG	0	0	0	10	0	0	0	26	0	0	0	0
GROSS WALL BAS ABOVE GRADE	0	0	0	0	0	0	0	0	0	0	0	0
GROSS WALL BAS BELOW GRADE	0	0	0	0	0	0	0	0	0	0	0	0
FACTORS												
GRS WALL AREA	80	120	510	429	370	60	290	340	0	0	0	0
GLAZING	0	0	0	0	0	0	0	0	0	0	0	0
NORTH	19.50	13.96	0	0	0	0	0	0	0	0	0	0
EAST/WEST	19.50	33.00	0	0	0	0	0	0	0	0	0	0
SOUTH	19.50	20.92	0	0	0	0	0	0	0	0	0	0
SKYLT.	19.50	136.72	0	0	0	0	0	0	0	0	0	0
DOORS	25.91	4.98	0	0	0	0	0	0	0	0	0	0
NET EXPOSED WALL	2.92	0.56	60	175	34	90	263	51	0	0	0	0
NET EXPOSED WALL BAS ABOVE GR	3.60	0.45	0	0	0	0	0	0	0	0	0	0
EXPOSED CLG 1.48	0.70	0	0	0	0	0	0	0	0	0	0	0
NO ATTIC EXPOSED CLG	2.42	1.15	0	0	0	0	0	0	0	0	0	0
EXPOSED FLOOR	2.36	0.45	84	198	38	0	0	0	0	0	0	0
EXPOSED WALL BAS BELOW GRADE	22.00	0	0	0	0	0	0	0	0	0	0	0
BELOW GRADE HT LOSS FLOOR	1.08	0	0	0	0	0	0	0	0	0	0	0
SUBTOTAL HT LOSS	499	848	3095	1992	2217	292	1507	1836	0	0	0	0
SUB TOTAL HT GAIN	176	299	1093	703	783	103	532	648	0	0	0	0
HT LOSS AIR LEAKAGE FACTOR 0.353	16	82	315	198	198	21	77	210	0	0	0	0
HT GAIN AIR LEAKAGE FACTOR 0.120	0	1	240	3	5	1	240	1	0	0	0	0
HT GAIN PEOPLE/APPLIANCES 240	675	1148	4188	2695	3000	394	2039	2485	0	0	0	0
TOTAL HT LOSS BTU/H	191	1300	4742	3336	2735	569	1245	2854	0	0	0	0
TOTAL HT GAIN x 1.3 BTU/H												

40754	3.40	TONS	16966	46778	63744
TOTAL HEAT GAIN BTU/H	TOTAL HEAT GAIN BTU/H	TOTAL STRUCTURE HEAT LOSS BTU/H	TOTAL COMBINED HEAT LOSS BTU/H	TOTAL COMBINED HEAT LOSS BTU/H	

SITE NAME: CASTLES OF KING

BUILDER: ZANCOR HOMES

TYPE: 50

DATE: Jan-14

LO# 53707

CALCULATIONS perHRAI

PAGE 2 of 3

FURNACE CFM	1285	FURNACE CFM	1285
TOTAL HEAT LOSS	46778	TOTAL HEAT GAIN	36513
AIR FLOW RATE CFM	27.47	AIR FLOW RATE CFM	35.19

***LENNOX** HI-BOY HI-EFFICIENCY
ML195UH090XP48C 90 OUTPUT **85000** BTUH
 FAN SPEED CFM @ .5" E.S.P.

RUN COUNT	3rd	2nd	1st	Bas
S/A	0	15	9	4
R/A	0	4	3	1

All S/A diffusers 4"x10" unless noted otherwise on layout.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
RUN#	ENS	WIC	BED-2	BED-3	BED-4	BATH	BED-4	BED-3	MBR	ENS-2	DEN	DIN	KIT	KIT	FAM	LAUN	W/R	FOY	FAM	BAS	BAS	BAS	BAS
ROOM NAME	MBR	MBR	BED-2	BED-3	BED-4	BATH	BED-4	BED-3	MBR	ENS-2	DEN	DIN	KIT	KIT	FAM	LAUN	W/R	FOY	FAM	BAS	BAS	BAS	BAS
RM LOSS MBH.	1.86	1.19	1.19	1.14	1.77	1.08	1.77	1.14	1.86	0.80	2.48	1.15	2.09	2.09	1.35	3.00	0.39	2.04	1.35	3.03	3.03	3.03	3.03
CFM PER RUN HEAT	51	33	33	31	49	30	49	31	51	22	68	32	58	58	37	82	11	56	37	83	83	83	83
RM GAIN MBH.	2.42	1.12	1.02	1.13	1.73	0.86	1.73	1.13	2.42	0.64	2.85	1.30	2.37	2.37	1.67	2.73	0.57	1.25	1.67	0.33	0.33	0.33	0.33
CFM PER RUN COOLING	85	39	17	36	40	61	30	61	85	23	100	46	83	83	59	96	20	44	59	11	11	11	11
ADJUSTED PRESSURE	0.125	0.13	0.125	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.125	0.13	0.13	0.13	0.13	
ACTUAL DUCT LGH.	71	63	57	44	39	55	32	46	45	79	53	34	33	61	71	19	64	24	33	48	60	34	22
EQUIVALENT LENGTH	190	210	200	180	170	190	160	190	190	170	140	180	180	180	190	160	180	150	190	170	150	160	150
TOTAL EFFECTIVE LH	261	273	257	224	209	245	192	206	235	223	174	213	241	251	209	224	204	183	238	230	184	182	176
ADJUSTED PRESSURE	0.05	0.05	0.05	0.06	0.05	0.07	0.06	0.05	0.05	0.06	0.07	0.06	0.05	0.05	0.06	0.06	0.06	0.07	0.05	0.05	0.07	0.07	0.07
ROUND DUCT SIZE	6	5	5	5	5	5	5	5	6	5	5	5	6	6	5	6	5	5	5	6	6	6	6
ROUTLET GRILL SIZE	4X10	3X10	3X10	3X10	4X10	3X10	3X10	3X10	4X10	3X10	4X10	3X10	4X10	4X10	3X10	4X10	3X10	3X10	3X10	4X10	4X10	4X10	4X10
RUNK	A	B	D	B	C	D	D	C	A	D	C	B	A	A	A	A	C	C	A	A	B	B	C

All SJA runs 51/2 unless noted otherwise on layout.

[illegible]

SUPPLY AIR TRUNK SIZE

[illegible]

RETURN AIR TRUNK SIZE

TRUNK	CFM	STATIC PRESS.	ROUND DUCT	RECT DUCT
TRUNK O	0	0.05	0	0
TRUNK P	0	0.05	0	0
TRUNK Q	0	0.05	0	0
TRUNK R	0	0.05	0	0
TRUNK S	0	0.05	0	0
TRUNK T	0	0.05	0	0
TRUNK U	0	0.05	0	0
TRUNK V	0	0.05	0	0
TRUNK W	0	0.05	0	0
TRUNK X	730	0.05	14	22
TRUNK Y	555	0.05	12.7	18
TRUNK Z	135	0.05	7.5	6
DROP	1285	0.05	17.3	24

I REVIEW AND TAKE RESPONSIBILITY FOR THE DESIGN WORK AND AM QUALIFIED IN THE APPROPRIATE CATEGORY AS AN "OTHER DESIGNER" UNDER DIVISION C, 3.2.5 OF THE BUILDING CODE.

Michael O'Rourke
MICHAEL O'ROURKE
BCIN: 19869

RETURN AIR #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	BR
AIR VOLUME	135	135	135	115	285	185	135	0	0	0	0	0	0	0	160
PLENUM PRESSURE	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12
ACTUAL DUCT LGH.	61	50	46	56	40	19	26	1	1	1	1	1	1	1	15
EQUIVALENT LENGTH	160	205	210	175	185	135	205	0	0	0	0	0	0	0	185
TOTAL EFFECTIVE LH	221	255	256	231	225	154	231	1	1	1	1	1	1	1	200
ADJUSTED PRESSURE	0.05	0.05	0.05	0.05	0.05	0.08	0.05	12	12	12	12	12	12	12	0.06
ROUND DUCT SIZE	7.5	7.5	7.5	7	9.9	7.5	7.5	0	0	0	0	0	0	0	7.6
INLET GRILL SIZE	8	8	8	8	8	8	8	0	0	0	0	0	0	0	8
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
INLET GRILL SIZE	14	14	14	14	30	14	14	0	0	0	0	0	0	0	24

I REVIEW AND TAKE RESPONSIBILITY FOR THE DESIGN WORK AND AM QUALIFIED IN THE APPROPRIATE CATEGORY AS AN "OTHER DESIGNER"
UNDER DIVISION C, 3.2.5 OF THE BUILDING CODE. INDIVIDUAL BCIN: 19669

TYPE: 50-4

LO # 53707

MICHAEL O'ROURKE

PAGE 3 of 3

SITE NAME: CASTLES OF KING

RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

COMBUSTION APPLIANCES		9.32.3.1(1)
a)	<input checked="" type="checkbox"/> Direct vent (sealed combustion) only	
b)	<input type="checkbox"/> Positive venting induced draft (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 SYSTEM	
<input checked="" type="checkbox"/> Forced Air	<input type="checkbox"/> Non Forced Air
<input type="checkbox"/> Electric Space Heat	

HOUSE TYPE		9.32.1(2)
<input checked="" type="checkbox"/> I	Type a) or b) appliance 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 OPTIONS		O.N.H.W.P.
<input type="checkbox"/> 1	Exhaust only/Forced Air System	
<input type="checkbox"/> 2	HRV with Ducting/Forced Air System	
<input checked="" type="checkbox"/> 3	HRV Simplified/connected to forced air system	
<input type="checkbox"/> 4	HRV with Ducting/non forced air system	
<input type="checkbox"/>	Part 6 Design	

TOTAL VENTILATION CAPACITY		9.32.3.3(1)
Basement & Master Bedroom	2 @ 21.2 cfm	42.4 cfm
Other Bedrooms	3 @ 10.6 cfm	31.8 cfm
Kitchen & Bathrooms	5 @ 10.6 cfm	53 cfm
Other Rooms	7 @ 10.6 cfm	74.2 cfm
Table 9.32.3.A.	TOTAL	201.4 cfm

PRINCIPAL VENTILATION CAPACITY REQUIRED		9.32.3.4.(1)
Master Bedroom	31.8 cfm	
Two Bedrooms	47.7 cfm	
Three Bedrooms	63.6 cfm	
Four Bedrooms	79.5 cfm	
Table 9.32.3.B.	TOTAL	79.5 cfm
More than 5 - Part 6		

SUPPLEMENTAL VENTILATION CAPACITY		9.32.3.5.
Total Ventilation Capacity	201.4	cfm
Less Principal Ventil. Capacity	120	cfm
Required Supplemental Capacity	81.4	cfm

PRINCIPAL EXHAUST FAN CAPACITY	
Model: VANEE 90H-V ECM	Location: BSMT
120 cfm	<input checked="" type="checkbox"/> HVI Approved
0.6	sones

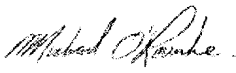
SUPPLEMENTAL FANS		NUTONE		
Location	Model	cfm	HVI	Sones
ENS	QTXEN050C	50	<input checked="" type="checkbox"/>	0.3
W/R	QTXEN050C	50	<input checked="" type="checkbox"/>	0.3
BATH	QTXEN050C	50	<input checked="" type="checkbox"/>	0.3
LAUN	QTXEN050C	50	<input checked="" type="checkbox"/>	0.3

HEAT RECOVERY VENTILATOR		9.32.3.11.
Model: VANEE 90H-V ECM		
159 cfm high	65 cfm low	
75 % Sensible Efficiency	<input checked="" type="checkbox"/> HVI Approved	
@ 32 deg F (0 deg C)		

LOCATION OF INSTALLATION	
Lot:	Concession
Township	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:	HVAC Designs Ltd.
Signature:	
HRAI #	001820
Date:	January-14

MODEL: 50-4
SFQT: 3596

LO# 53707

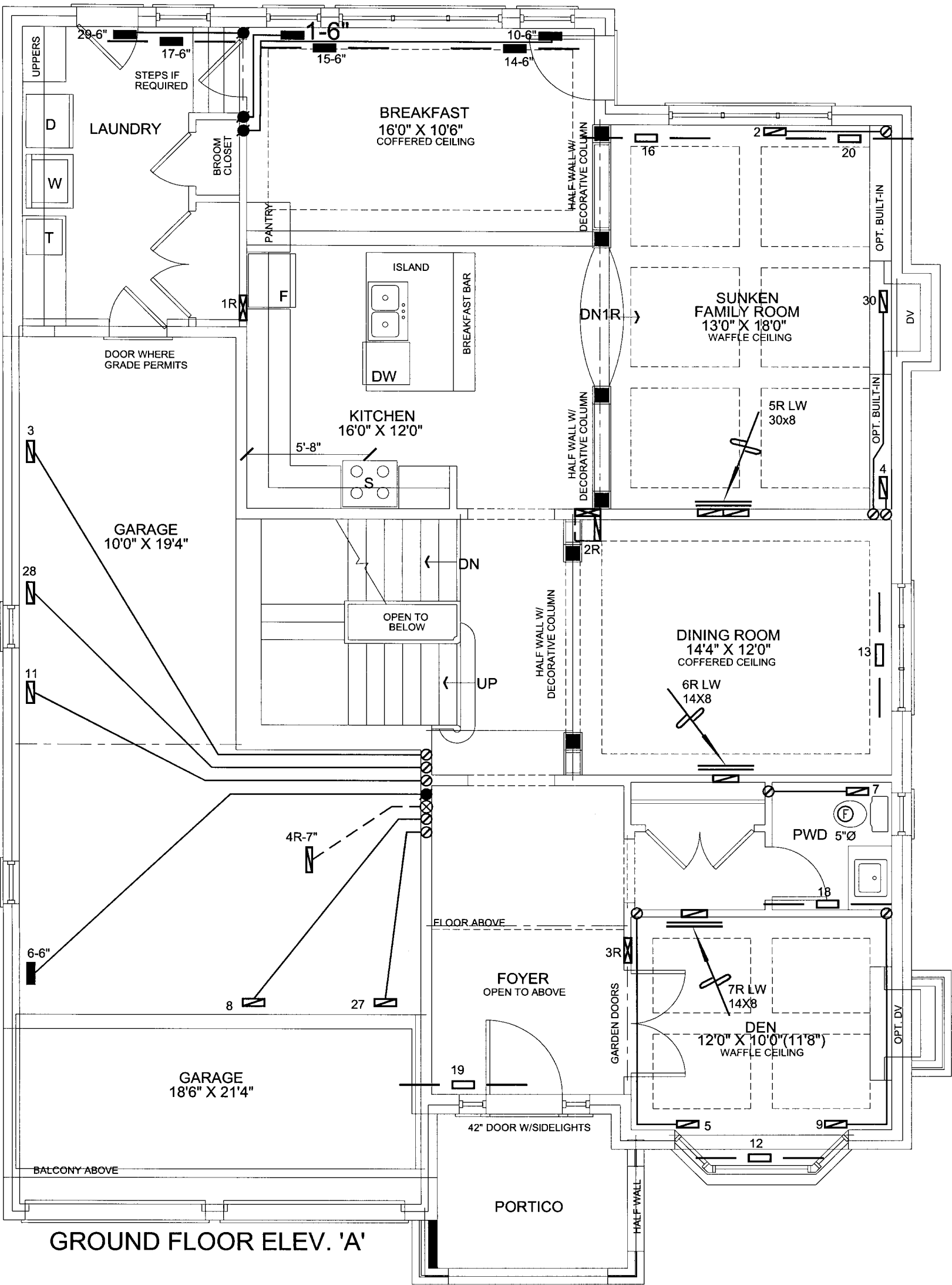
BUILDER: ZANCOR HOMES

ENERGYSTAR 12.1

Component	Compliance Package
	ZONE 1
Ceiling with Attic Space Minimum RSI (R)-Value	50
Ceiling Without Attic Space Minimum RSI (R)-Value	31
Exposed Floor Minimum RSI (R)-Value	31
Walls Above Grade Minimum RSI (R)-Value	24
Basement Walls Minimum RSI (R)-Value	20
Below Grade Slab Entire surface > 600 mm below grade Minimum RSI (R)-Value	-
Edge of Below Grade Slab ≤ 600 mm Below Grade Minimum RSI (R)-Value	10
Heated Slab or Slab ≤ 600 mm below grade Minimum RSI (R)-Value	10
Windows and Sliding Glass Doors Maximum U-Value	ZONE C
Skylights Maximum U-Value	2.8
Space Heating Equipment Minimum AFUE	95%
HRV Minimum Efficiency	75%
Domestic Hot Water Heater Minimum EF	0.9



INDIVIDUAL BCIN: 19669
MICHAEL O'ROURKE



GROUND FLOOR ELEV. 'A'

I MICHAEL O'ROURKE HAVE REVIEWED AND TAKE RESPONSIBILITY FOR THE DESIGN WORK AND AM QUALIFIED UNDER DIVISION C, 3.2.5 OF THE BUILDING CODE.

Michael O'Rourke
Michael O'Rourke, BCIN# 19669
HVAC DESIGNS LTD.

OBC 2012-Rev. 2014

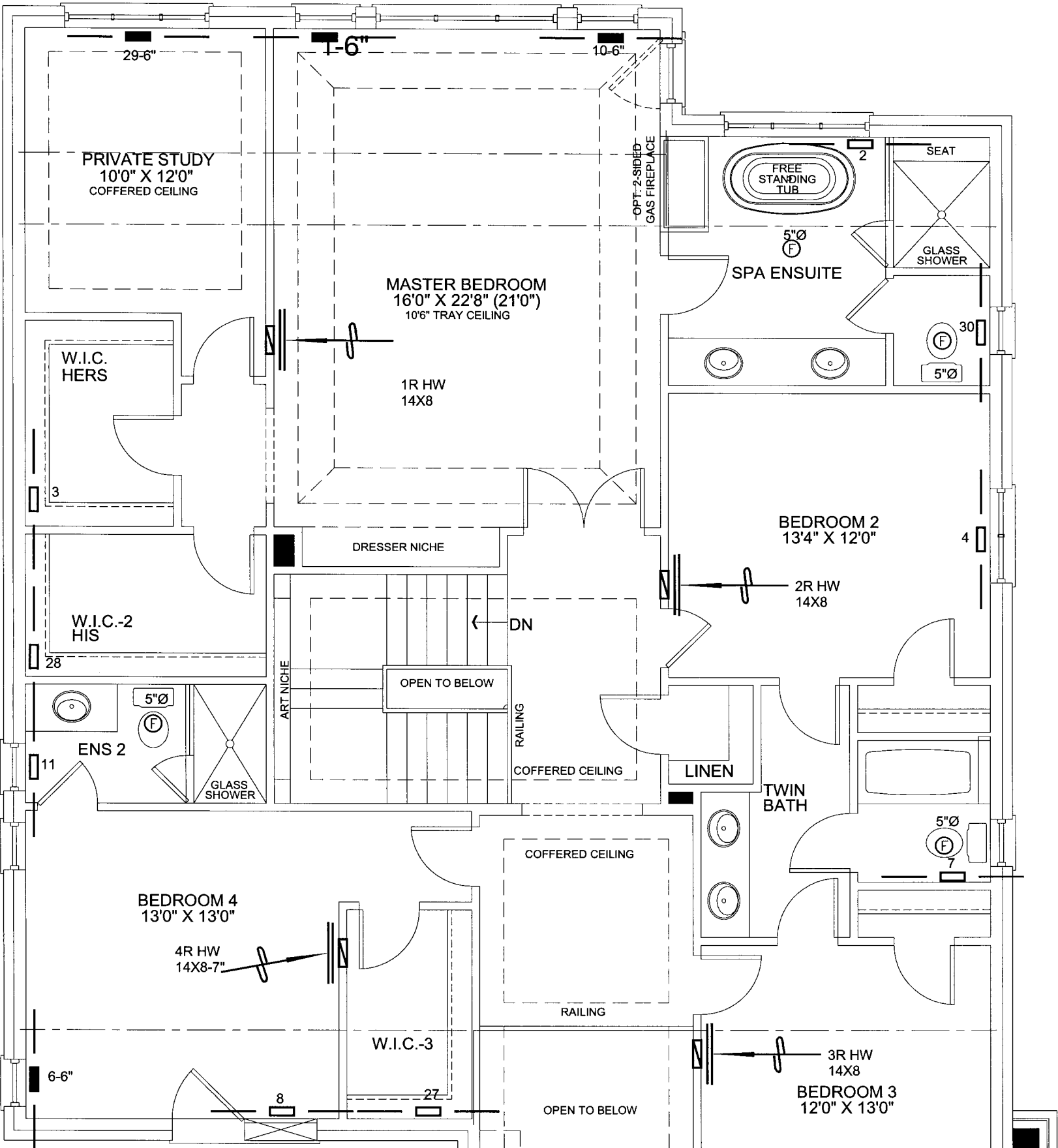


HVAC LEGEND							3.		
SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION	2.	
	FLOOR SUPPLY AIR GRILLE		6" SUPPLY AIR BOOT ABOVE		14"x8" RETURN AIR GRILLE		RETURN AIR STACK ABOVE	1.	
	FLOOR SUPPLY AIR GRILLE 6" BOOT		SUPPLY AIR STACK FROM 2nd FLOOR		30"x8" RETURN AIR GRILLE		RETURN AIR STACK 2nd FLOOR	No.	Description
	SUPPLY AIR BOOT ABOVE		6" SUPPLY AIR STACK 2nd FLOOR		FRA- FLOOR RETURN AIR GRILLE		REDUCER	Date	

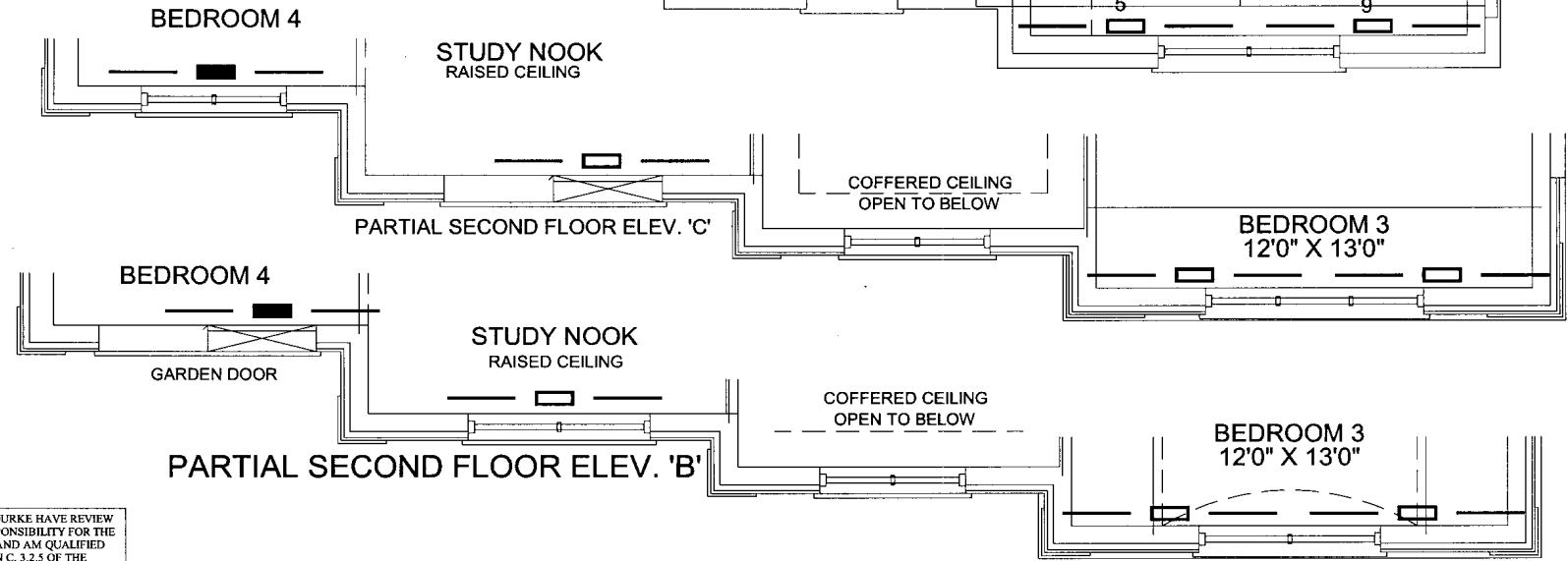
REVISIONS

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Client		<div>HVACDESIGNS LTD. 65 Church Street South - Ajax, Ontario L1S 6A7 Tel. 905.619.2300 - 905.420.5300 Fax 905.619.2375 Email: info@hvacdesigns.ca Web: www.hvacdesigns.ca Specializing in Residential Mechanical Design Services Installation to comply with the latest Ontario Building Code. All supply branch outlets shall be equipped with a manual balancing damper. Ductwork which passes through the garage or unheated spaces shall be adequately insulated and be gas-proofed.</div>	Sheet Title	
ZANCOR HOMES			FIRST FLOOR HEATING LAYOUT	
Project Name			Date	JAN/2014
THE CASTLES OF KING KING CITY, ONTARIO			Scale	3/16" = 1'-0"
50-4			BCIN# 19669	
3596 sqft		LO#	53707	

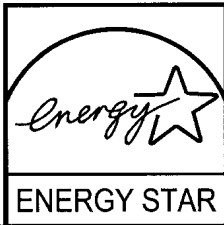


SECOND FLOOR ELEV. 'A'



I MICHAEL O'ROURKE HAVE REVIEWED AND TAKE RESPONSIBILITY FOR THE DESIGN WORK AND AM QUALIFIED UNDER DIVISION C, 3.2.5 OF THE BUILDING CODE.
Michael O'Rourke
Michael O'Rourke, BCIN# 19669
HVAC DESIGNS LTD.

OBC 2012-Rev. 2014



HVAC LEGEND									
	FLOOR SUPPLY AIR GRILLE		6" SUPPLY AIR BOOT ABOVE		14"x8" RETURN AIR GRILLE		RETURN AIR STACK ABOVE	3.	
	FLOOR SUPPLY AIR GRILLE 6" BOOT		SUPPLY AIR STACK FROM 2nd FLOOR		30"x8" RETURN AIR GRILLE		RETURN AIR STACK 2nd FLOOR	2.	
	SUPPLY AIR BOOT ABOVE		6" SUPPLY AIR STACK 2nd FLOOR		FRA- FLOOR RETURN AIR GRILLE		REDUCER	1.	
								No.	Description
									Date

REVISIONS

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Client		<div><p>65 Church Street South - Ajax, Ontario L1S 6A7 Tel. 905.619.2300 - 905.420.5300 Fax 905.619.2375 Email: info@hvacdesigns.ca Web: www.hvacdesigns.ca Specializing in Residential Mechanical Design Services</p><p>Installation to comply with the latest Ontario Building Code. All supply branch outlets shall be equipped with a manual balancing damper. Ductwork which passes through the garage or unheated spaces shall be adequately insulated and be gas-proofed.</p></div>	Sheet Title	
ZANCOR HOMES			SECOND FLOOR HEATING LAYOUT	
Project Name			Date	JAN/2014
THE CASTLES OF KING KING CITY, ONTARIO			Scale	3/16" = 1'-0"
		BCIN# 19669		
50-4	3596 sqft	LO# 53707		