


Type in the text you want to insert

**Schedule 1: Designer Information**

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

<b>A. Project Information</b>			
Building number, street name <b>MODEL CERTIFICATION</b>		Unit no. <b>N/A</b>	Lot/con. <b>N/A</b>
Municipality <b>KING CITY</b>	Postal code <b>N/A</b>	Plan number/ other description <b>N/A</b>	
<b>B. Individual who reviews and takes responsibility for design activities</b>			
Name <b>MICHAEL O'ROURKE</b>		Firm <b>HVAC DESIGNS LTD.</b>	
Street address <b>65 CHURCH STREET SOUTH</b>		Unit no.	Lot/con.
Municipality <b>AJAX</b>	Postal code <b>L1S 6A7</b>	Province <b>ONTARIO</b>	E-mail <b>info@hvacdesigns.ca</b>
Telephone number <b>(905) 619-2300</b>	Fax number <b>(905) 619-2375</b>	Cell number ( )	
<b>C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]</b>			
<input type="checkbox"/> House	<input type="checkbox"/> √HVAC – House	<input type="checkbox"/> Building Structural	
<input type="checkbox"/> Small Buildings	<input type="checkbox"/> Building Services	<input type="checkbox"/> Plumbing – House	
<input type="checkbox"/> Large Buildings	<input type="checkbox"/> Detection, Lighting and Power	<input type="checkbox"/> Plumbing – All Buildings	
<input type="checkbox"/> Complex Buildings	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> On-site Sewage Systems	
Description of designer's work <b>Heat Loss/Gain Calculations</b> <b>Duct Sizing</b> <b>Residential Mechanical Ventilation Design Summary</b> <b>Residential System Design per Can/CSA-F280-M90</b>		<b>Model: 50-5 ELEV 'A'</b> <b>Project: CASTLES OF KING CITY</b>	
<b>D. Declaration of Designer</b>			
I, <u><b>MICHAEL O'ROURKE</b></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 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.			
<u><b>JANUARY 28, 2014</b></u> 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	MBR	ENS	WIC	BED-2	BED-3	BED-4	BATH	STUDY	WIC-3	ENS-2	WIC-2	R2
EXP. WALL	51	24	26	18	23	26	6	12	13	10	23	0
RM AREA	294	224	165	195	174	264	120	80	42	190	88	0
CLG. HT.	0	11	0	0	10	10	10	10	10	10	9	9
COLD FLOOR	0	0	0	0	174	38	0	0	42	0	88	0
COLD CEILING	294	224	165	195	174	264	120	80	42	190	88	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	561	264	260	180	230	260	60	120	130	100	207	0
GLAZING	0	0	0	0	0	0	0	0	0	0	0	0
NORTH	19.50	13.96	0	0	0	0	137	98	0	0	0	0
EASTWEST	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	5.65	0	0	0	0	0	0	0	0	0	0
NET EXPOSED WALL	491	1436	260	155	205	241	155	112	123	94	184	117
NO ATTIC EXPOSED CLG	0	0	0	0	0	0	0	0	0	0	0	0
EXPOSED FLOOR	294	224	165	289	174	264	120	80	42	190	88	0
NO ATTIC EXPOSED CLG	0	0	0	0	0	0	0	0	0	0	0	0
EXPOSED WALL BAS ABOVE GRADE	0	0	0	0	0	0	0	0	0	0	0	0
BELOW GRADE HT LOSS FLOOR	0	0	0	0	0	0	0	0	0	0	0	0
SUBTOTAL HT LOSS	3237	1436	1005	1230	1756	1557	470	602	658	674	1325	0
SUB TOTAL HT GAIN	2672	909	288	1069	1174	634	221	189	206	211	415	0
HT LOSS AIR LEAKAGE FACTOR 0.313	1014	450	315	385	550	488	147	39	48	43	130	0
HT GAIN AIR LEAKAGE FACTOR 0.132	352	120	38	141	155	83	29	240	0	240	0	0
HT GAIN PEOPLE/APPLIANCES 240	4251	1886	1320	1615	2306	2044	617	791	864	885	1740	0
TOTAL HT LOSS BTU/H	4555	1650	736	1884	2040	1245	636	751	533	792	1452	0
TOTAL HT GAIN x 1.3 BTU/H												0

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	LIV	DIN	KT/FM	FAM	LAUN	MUD	FOY	DEN	R3	R4	WOB BAS	BAS
EXP. WALL	0	38	76	0	6	29	23	45	0	0	0	210
RM AREA	0	0	0	0	120	12	10	10	9	9	9	0
CLG. HT.	10	10	15	0	9	0	0	0	0	0	0	9
COLD FLOOR	0	0	0	0	0	0	0	0	0	0	0	0
COLD CEILING	0	0	405	0	120	0	0	0	0	0	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	0	380	1140	0	54	348	230	450	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
EASTWEST	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	5.65	0	0	0	0	0	0	0	0	0	0
NET EXPOSED WALL	356	1041	227	0	54	317	192	416	0	0	0	0
NO ATTIC EXPOSED CLG	0	0	0	0	0	0	0	0	0	0	0	0
EXPOSED FLOOR	294	224	165	289	174	264	120	80	42	190	88	0
NO ATTIC EXPOSED CLG	0	0	0	0	0	0	0	0	0	0	0	0
EXPOSED WALL BAS ABOVE GRADE	0	0	0	0	0	0	0	0	0	0	0	0
BELOW GRADE HT LOSS FLOOR	0	0	0	0	0	0	0	0	0	0	0	0
SUBTOTAL HT LOSS	0	1509	6189	0	336	1532	1455	1880	0	0	0	0
SUB TOTAL HT GAIN	0	729	5200	0	105	1016	841	1387	0	0	0	0
HT LOSS AIR LEAKAGE FACTOR 0.313	0	473	1938	0	105	480	456	589	0	0	0	0
HT GAIN AIR LEAKAGE FACTOR 0.132	0	96	684	0	16	134	111	183	0	0	0	0
HT GAIN PEOPLE/APPLIANCES 240	0	1	1440	0	6	240	1911	240	0	0	0	0
TOTAL HT LOSS BTU/H	0	1982	8128	0	441	2011	1550	2468	0	0	0	0
TOTAL HT GAIN x 1.3 BTU/H		1384	9522	0	2054	1806	1550	2353	0	0	0	0
TOTAL HEAT GAIN BTU/H	41903	349	TONS	19645	48579	TOTAL COMBINED HEAT LOSS BTU/H	68224					



MODEL: 50-5 ELEV 'A'  
SFQT: 3824

LO# 53714

BUILDER: ZANCOR HOMES

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**ENERGYSTAR 12.1**

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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 $\leq$ 600 mm Below Grade Minimum RSI (R)-Value	10
Heated Slab or Slab $\leq$ 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

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

TYPE: 50-5 ELEV 'A'

LO # 53714

PAGE 3 of 3

SITE NAME: CASTLES OF KING

**RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY****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 gas fireplace
- d) ☐ Solid Fuel (including fireplaces)
- e) ☐ No Combustion Appliances

**HEATING SYSTEM**

- ☒ Forced Air ☐ Non Forced Air
- ☐ Electric Space Heat

**HOUSE TYPE**

9.32.1(2)

- ☒ I Type a) or b) appliance only, no solid fuel
- ☐ II Type I except with solid fuel (including fireplaces)
- ☐ III Any Type c) appliance
- ☐ IV Type I, or II with electric space heat
- ☐ Other: Type I, II or IV no forced air

**SYSTEM DESIGN OPTIONS**

O.N.H.W.P.

- ☐ 1 Exhaust only/Forced Air System
- ☐ 2 HRV with Ducting/Forced Air System
- ☒ 3 HRV Simplified/connected to forced air system
- ☐ 4 HRV with Ducting/non forced air system
- ☐ 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	6	@ 10.6 cfm	63.6	cfm
Other Rooms	9	@ 10.6 cfm	95.4	cfm
Table 9.32.3.A.	TOTAL		233.2	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	233.2	cfm
Less Principal Ventil. Capacity	120	cfm
Required Supplemental Capacity	113.2	cfm

**PRINCIPAL EXHAUST FAN CAPACITY**

Model: VANE 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
ENS-2	QTXEN050C	50	<input checked="" type="checkbox"/>	0.3

**HEAT RECOVERY VENTILATOR**

9.32.3.11.

Model: VANE 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.

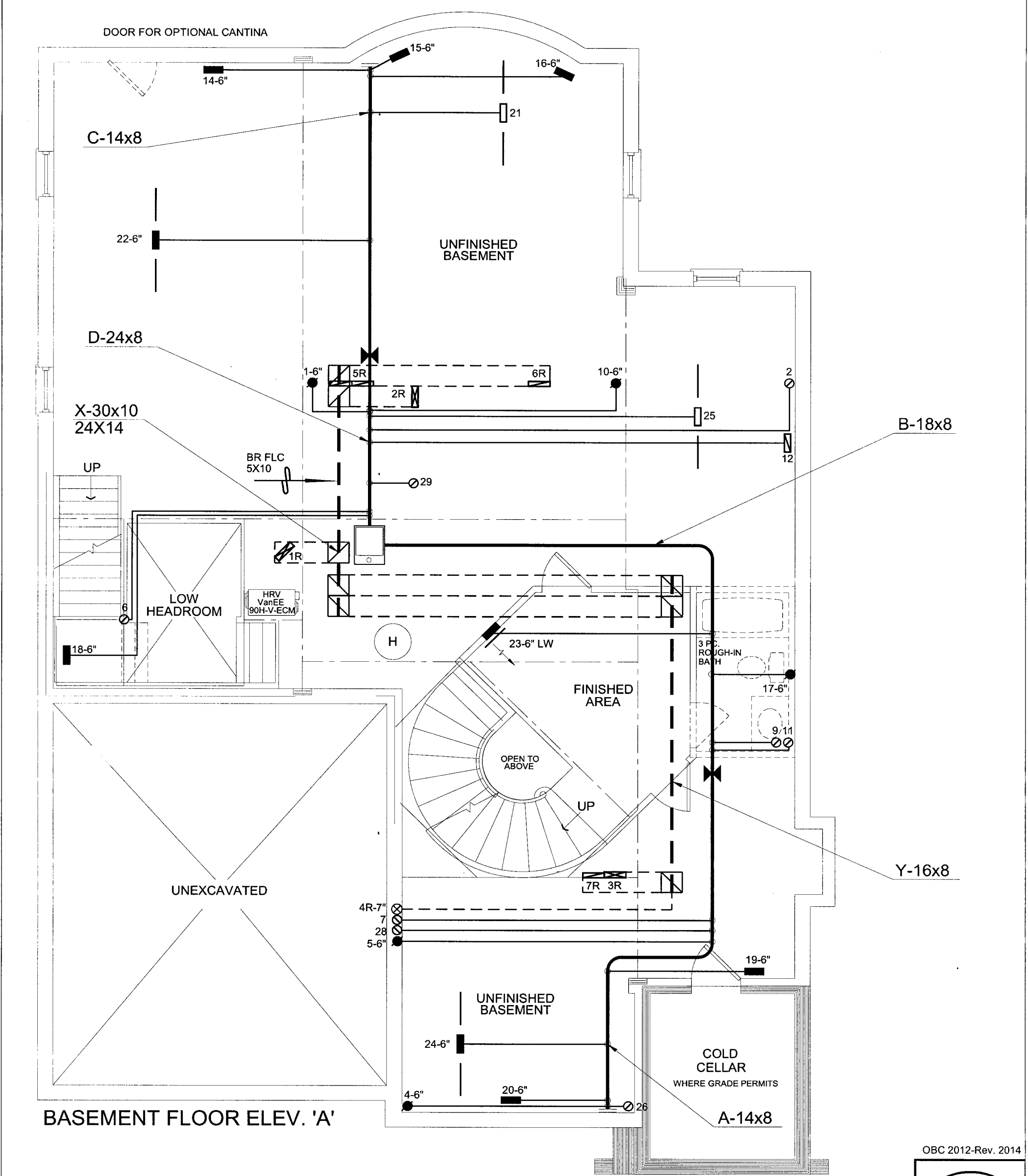
Signature:

HRAI #

001820

Date:

January-14



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.

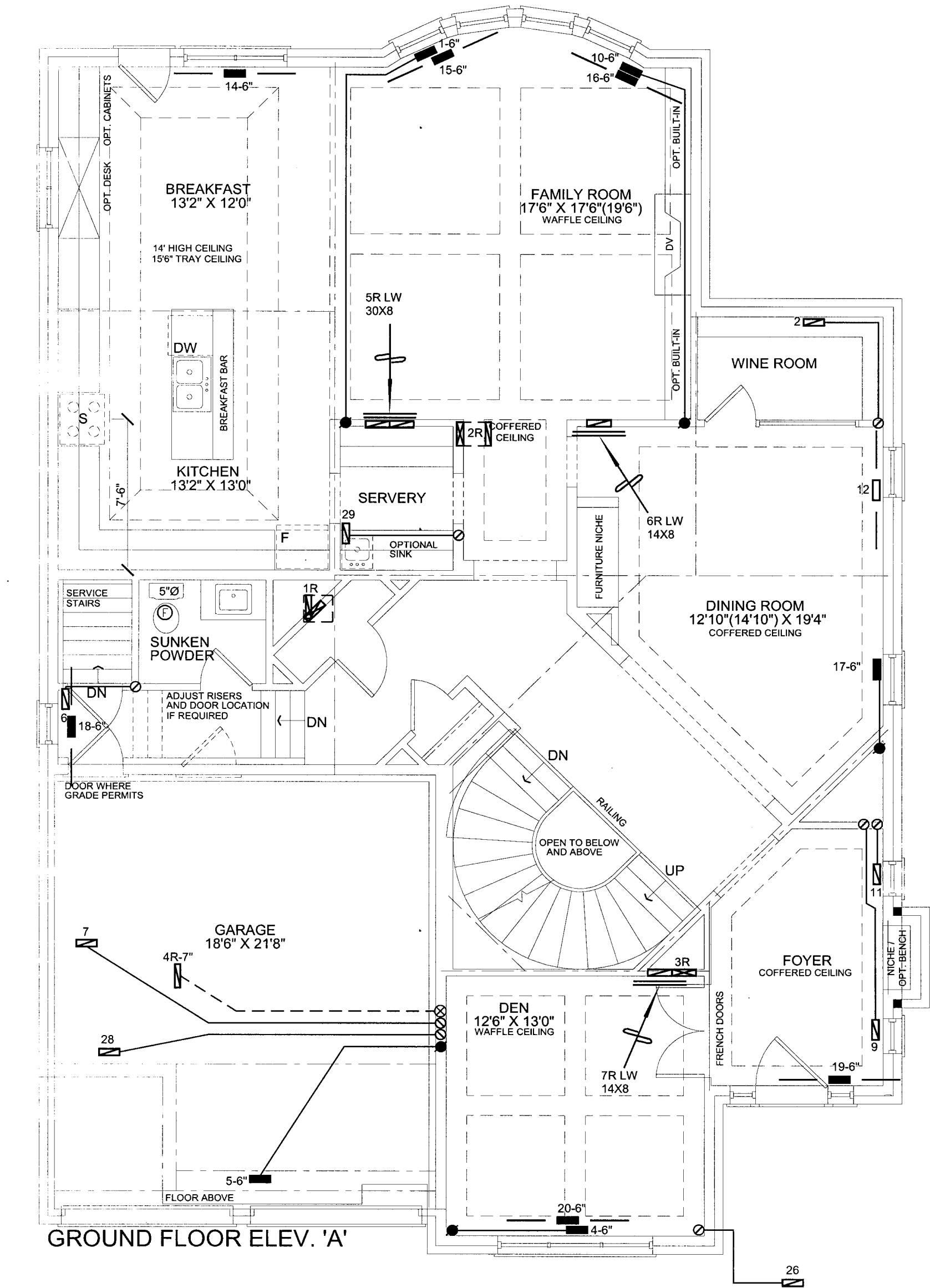
*Michael O'Rourke*  
Michael O'Rourke, BCIN# 19669  
HVAC DESIGNS LTD.



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 Date
	SUPPLY AIR BOOT ABOVE		6" SUPPLY AIR STACK 2nd FLOOR		FRA- FLOOR RETURN AIR GRILLE		REDUCER	REVISIONS	

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Client		<div><div><div>HVACDESIGNS LTD.</div><div>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</div></div><div>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></div>	HEAT LOSS 68224 BTU/H UNIT DATA		# OF RUNS S/A R/A FANS				Sheet Title		
Project Name THE CASTLE OF KING CITY KING CITY, ONTARIO			MAKE LENNOX		3RD FLOOR					BASEMENT HEATING LAYOUT	
			MODEL ML195UH090XP48C-90		2ND FLOOR		12	3	3		
			INPUT 88 MBTU/H		1ST FLOOR		8	4	2		
			OUTPUT 85 MBTU/H		BASEMENT		5	1	0	Date	JAN/2014
50-5 ELEV 'A' 3824 sqft		COOLING 3.5 TONS		ALL S/A DIFFUSERS "x10" UNLESS NOTED OTHERWISE ON LAYOUT. ALL S/A RUNS 5"Ø UNLESS NOTED OTHERWISE ON LAYOUT. UNDERCUT DOORS 1" min. FOR R/A				Scale	3/16" = 1'-0"		
		FAN SPEED 1285 cfm @ 0.5" w.c.						BCIN# 19669			
								LO#	53714		



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.

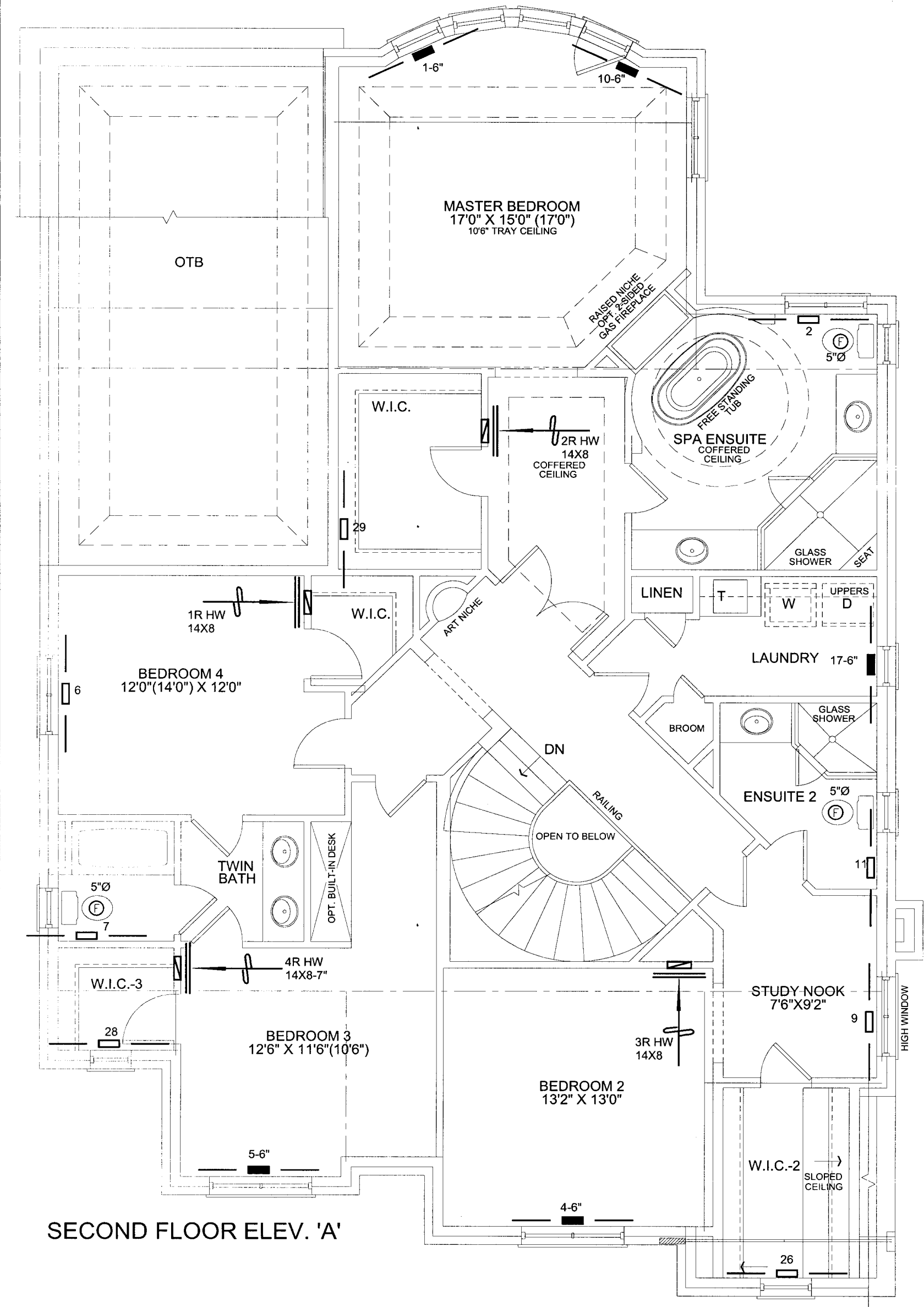
*Michael O'Rourke*  
Michael O'Rourke, BCIN# 19669  
HVAC DESIGNS LTD.



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

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Client		<div></div> <div>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</div> <div>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 CASTLE OF KING CITY KING CITY, ONTARIO			Scale	3/16" = 1'-0"
50-5 ELEV 'A' 3824 sqft			BCIN# 19669	
		LO#	53714	



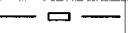







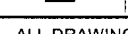



SECOND FLOOR ELEV. 'A'

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



ENERGY STAR

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	Date
	SUPPLY AIR BOOT ABOVE		6" SUPPLY AIR STACK 2nd FLOOR		FRA- FLOOR RETURN AIR GRILLE		REDUCER	REVISIONS		

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Client <b>ZANCOR HOMES</b>		 <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>	Sheet Title <b>SECOND FLOOR HEATING LAYOUT</b>	
Project Name <b>THE CASTLE OF KING CITY KING CITY, ONTARIO</b>			Date <b>JAN/2014</b> Scale <b>3/16" = 1'-0"</b> BCIN# 19669	
50-5 ELEV 'A'      3824 sqft		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.		LO# <b>53714</b>