

Schedule 1: Designer Information

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 | | Unit no. | Lot/con. |
| Municipality VAUGHAN | Postal code | Plan number/ other description | |

B. Individual who reviews and takes responsibility for design activities

| | | | |
|---|--------------------------------|----------------------------------|--------------------------------------|
| Name MICHAEL O'ROURKE | | Firm HVAC DESIGNS LTD. | |
| Street address 375 FINLEY AVE | | Unit no. 202 | Lot/con. N/A |
| Municipality AJAX | Postal code L1S 2E2 | 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 checked="" 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 CSA-F280-12 | | Model: 38-6 Project: KLEINBURG GLEN |

D. Declaration of Designer

I MICHAEL O'ROURKE declare that (choose one as appropriate):

(print name)

☐ I 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: _____

☒ 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: 19669

Basis for exemption from registration and qualification: O.B.C SENTENCE 3.2.4.1 (4)

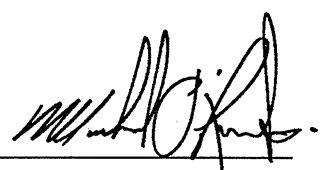
☐ The design work is exempt from the registration and qualification requirements of the Building Code.

Basis for exemption from registration and qualification: _____

I certify that:

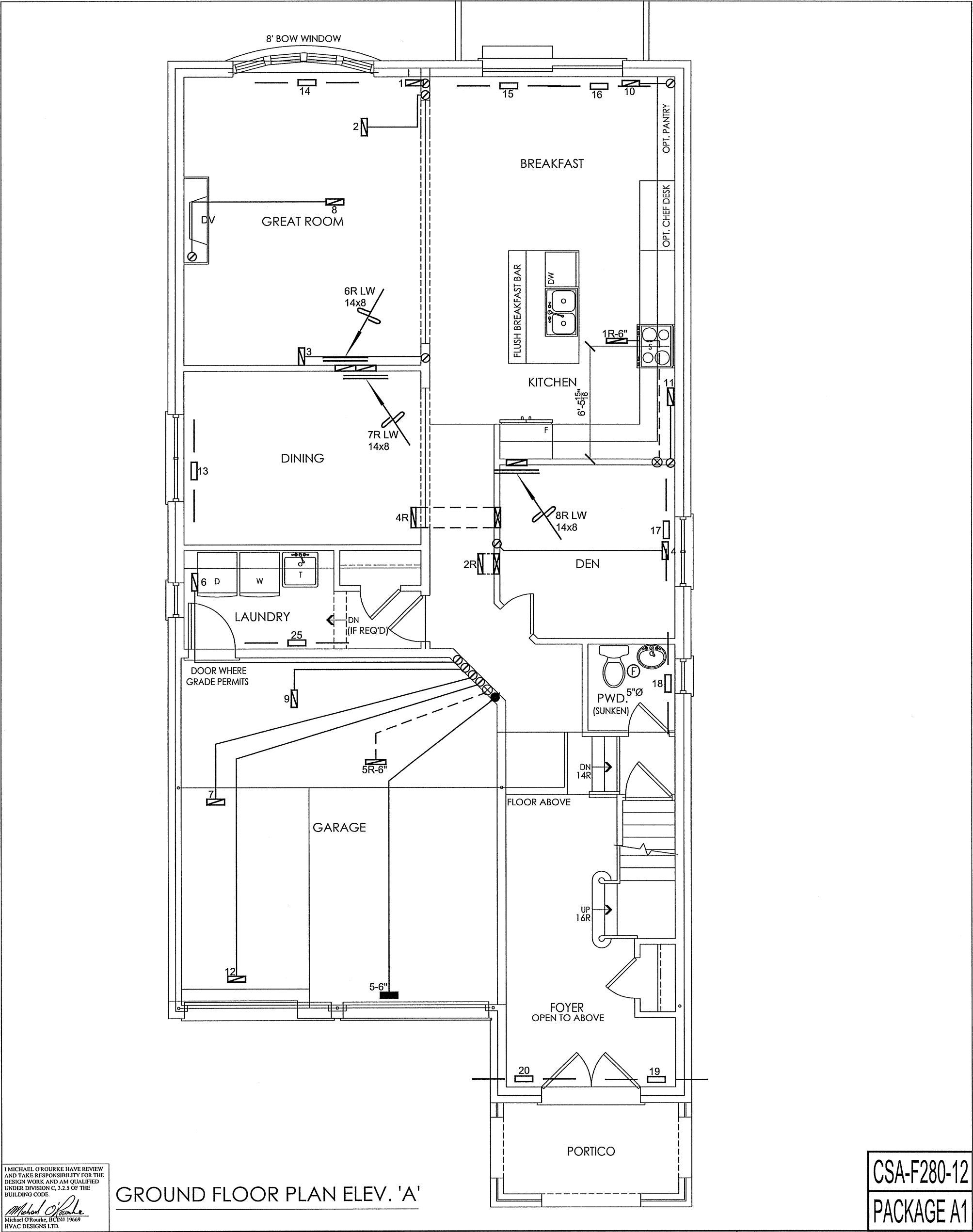
1. The information contained in this schedule is true to the best of my knowledge.
2. I have submitted this application with the knowledge and consent of the firm.

March 14, 2017
Date


Signature of Designer

NOTE:

1. 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.
2. 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.



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.

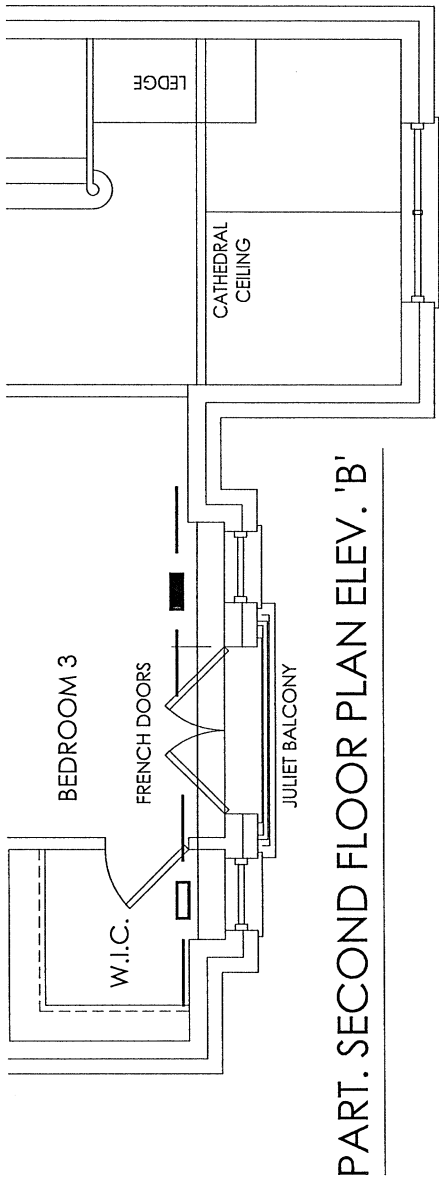
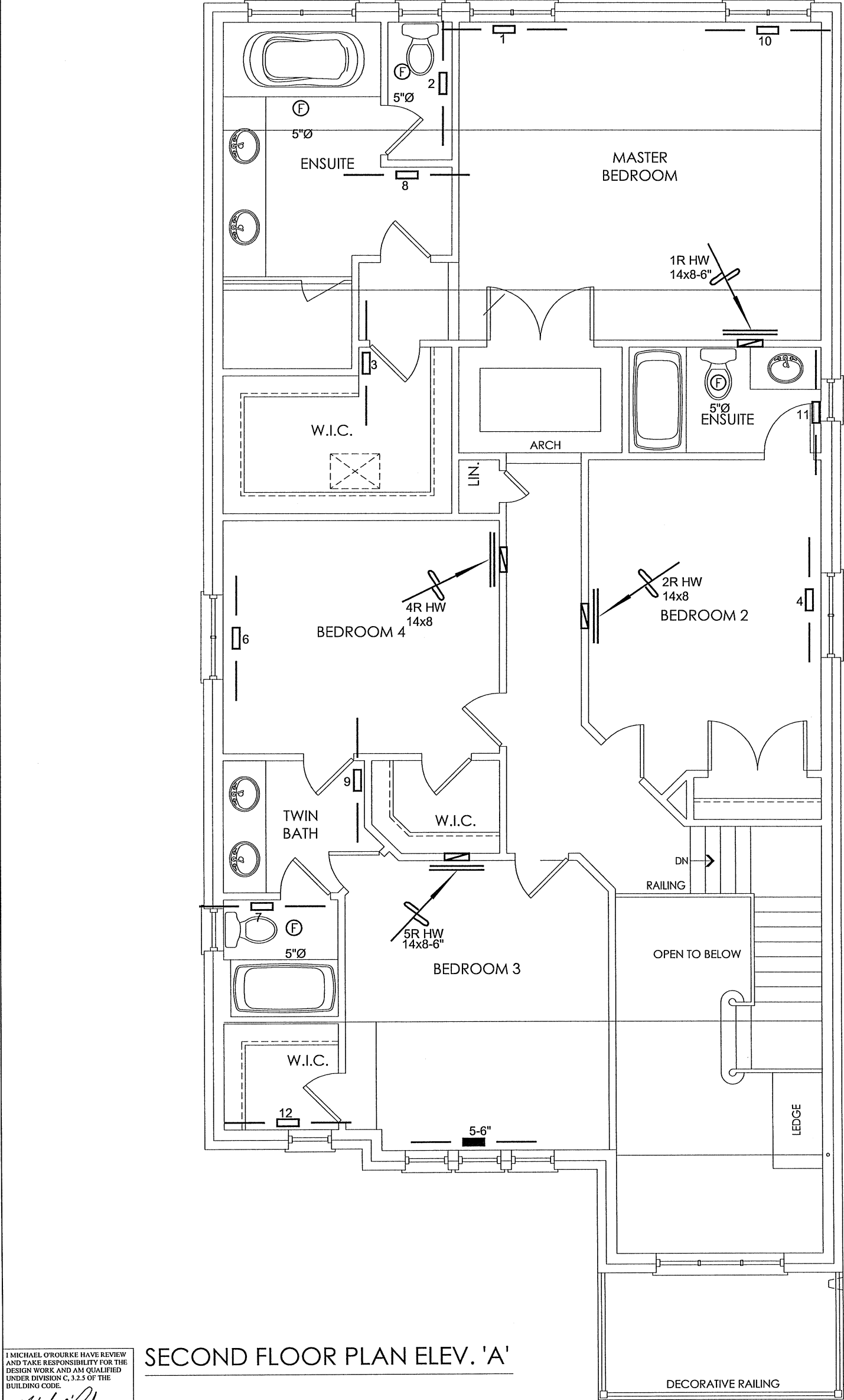
GROUND FLOOR PLAN ELEV. 'A'

CSA-F280-12
PACKAGE A1

| 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>375 Finley Ave. Suite 202 - Ajax, Ontario L1S 2E2 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 | |
| GOLD PARK HOMES | | | FIRST FLOOR HEATING LAYOUT | |
| Project Name | | | Date | MAR/2017 |
| KLEINBURG GLEN VAUGHAN, ONTARIO | | | Scale | 3/16" = 1'-0" |
| | | | BCIN# 19669 | |
| 38-6 | 2896 sqft | | LO# | 73146 |



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.

SECOND FLOOR PLAN ELEV. 'A'

CSA-F280-12
PACKAGE A1

| HVAC LEGEND | | | | | | | | 3. | | |
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| GOLD PARK HOMES | | | SECOND FLOOR HEATING LAYOUT | |
| Project Name | | | Date | MAR/2017 |
| KLEINBURG GLEN VAUGHAN, ONTARIO | | | Scale | 3/16" = 1'-0" |
| 38-6 | | | BCIN# 19669 | |
| 2896 sqft | | | LO# | 73146 |