

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: 50-6 - OPT #2 STUDIO LOFT 4 BATH 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	MBR	ENS	WIC	BED-2	BED-3	BED-4	BATH	STUDIO	ENS-4	ENS-3	WIC-2	WIC-3
EXP. WALL	36	68	6	33	34	14	6	32	18	9	6	12
RM AREA	320	304	96	168	218	238	96	384	80	80	60	36
CLG. HT.	13	11	40	11	10	10	10	11	10	10	9	9
COLD FLOOR	0	304	40	0	0	0	0	384	0	0	0	0
COLD CEILING	20	304	96	168	218	238	96	384	80	80	60	36
NO ATTIC EXPOSED CLG	300	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	468	748	60	363	340	140	60	352	180	90	54	108
GLAZING	20	0	0	26	0	0	0	27	0	0	0	10
NORTH	19.50	13.96	0	507	507	507	0	527	0	0	0	195
EASTWEST	19.50	33.00	0	507	507	507	0	527	0	0	0	140
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	368	1076	207	724	2117	407	60	298	172	503	97	54
NET EXPOSED WALL BAS ABOVE GRADE	0	0	0	0	0	0	0	0	0	0	0	0
EXPOSED CLG	2.92	0.56	0	0	0	0	0	0	0	0	0	0
NO ATTIC EXPOSED CLG	1.48	0.70	0	0	0	0	0	0	0	0	0	0
EXPOSED FLOOR	2.42	1.15	0	0	0	0	0	0	0	0	0	0
EXPOSED WALL BAS BELOW GRADE	2.36	0.45	0	0	0	0	0	0	0	0	0	0
BELOW GRADE HT LOSS FLOOR	22.00	0	0	0	0	0	0	0	0	0	0	0
SUBTOTAL HT LOSS	3782	3755	412	2173	1749	1028	318	3402	778	382	247	535
SUB TOTAL HT GAIN	3243	3243	120	1514	1188	572	101	1554	320	107	73	220
HT LOSS AIR LEAKAGE FACTOR	997	990	109	573	461	271	84	897	205	101	65	141
HT GAIN AIR LEAKAGE FACTOR	345	165	13	161	128	61	11	165	34	11	8	23
HT GAIN PEOPLE/APPLIANCES	240	480	240	240	240	240	240	480	240	240	0	0
TOTAL HT LOSS BTU/H	4779	4744	521	2746	2210	1299	402	4298	983	483	312	676
TOTAL HT GAIN x 1.3 BTU/H	5289	2855	484	2490	2021	1135	458	2859	773	466	104	317

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

Michael O'Rourke

ROOM USE	MUD	DIN	KIT	FAM	LAUN	WIR	FOY	LIBR	R3	R4	WOB	BAS
EXP. WALL	30	38	38	57	12	16	8	29	0	0	0	216
RM AREA	0	0	0	0	132	0	0	10	0	0	0	0
CLG. HT.	12	10	10	10	10	10	10	10	9	9	9	9
COLD FLOOR	0	0	0	0	0	0	0	0	0	0	0	0
COLD CEILING	0	0	0	0	132	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	648
GROSS WALL BAS BELOW GRADE	0	0	0	0	0	0	0	0	0	0	0	1296
FACTORS												
GRS WALL AREA	360	380	380	570	120	160	80	290	0	0	0	0
GLAZING	24	0	0	12	28	8	0	23	0	0	0	0
NORTH	19.50	13.96	0	234	507	156	0	449	0	0	0	0
EASTWEST	19.50	33.00	16	917	0	0	14	23	0	0	0	0
SOUTH	19.50	20.92	377	234	0	0	0	449	0	0	0	0
SKYLT.	19.50	136.72	18	234	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	316	959	326	1459	275	152	46	244	0	0	0	0
NET EXPOSED WALL BAS ABOVE GRADE	0	0	0	0	0	0	0	0	0	0	0	0
EXPOSED CLG	3.60	0.45	0	0	0	0	0	0	0	0	0	0
NO ATTIC EXPOSED CLG	1.48	0.70	0	0	0	0	0	0	0	0	0	0
EXPOSED FLOOR	2.42	1.15	0	0	0	0	0	0	0	0	0	0
EXPOSED WALL BAS BELOW GRADE	2.36	0.45	0	0	0	0	0	0	0	0	0	0
BELOW GRADE HT LOSS FLOOR	22.00	0	0	0	0	0	0	0	0	0	0	0
SUBTOTAL HT LOSS	1910	1973	2135	2844	978	601	926	1611	0	0	0	0
SUB TOTAL HT GAIN	612	1683	1188	2250	509	158	588	1217	0	0	0	0
HT LOSS AIR LEAKAGE FACTOR	504	520	563	750	258	158	244	425	0	0	0	0
HT GAIN AIR LEAKAGE FACTOR	65	179	126	239	54	21	63	130	0	0	0	0
HT GAIN PEOPLE/APPLIANCES	240	240	240	3593	1440	759	1170	2035	0	0	0	0
TOTAL HT LOSS BTU/H	1193	3045	3268	4173	2604	596	1157	2063	0	0	0	0
TOTAL HT GAIN x 1.3 BTU/H	1193	3045	3268	4173	2604	596	1157	2063	0	0	0	0

Specializing in Residential Mechanical Design Services

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: 50-6 OPT # 2

LO # 53719

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	7	@ 10.6 cfm	74.2	cfm
Other Rooms	7	@ 10.6 cfm	74.2	cfm
Table 9.32.3.A.	TOTAL		222.6	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	222.6	cfm
Less Principal Ventil. Capacity	120	cfm
Required Supplemental Capacity	102.6	cfm

PRINCIPAL EXHAUST FAN CAPACITY

Model: VANE 90H-V ECM Location: BSMT

120 cfm ☒ 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 ☒ 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:

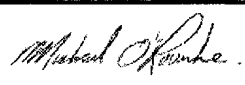
City:

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: 50-6 OPT # 2
SFQT: 3742

LO# 53719

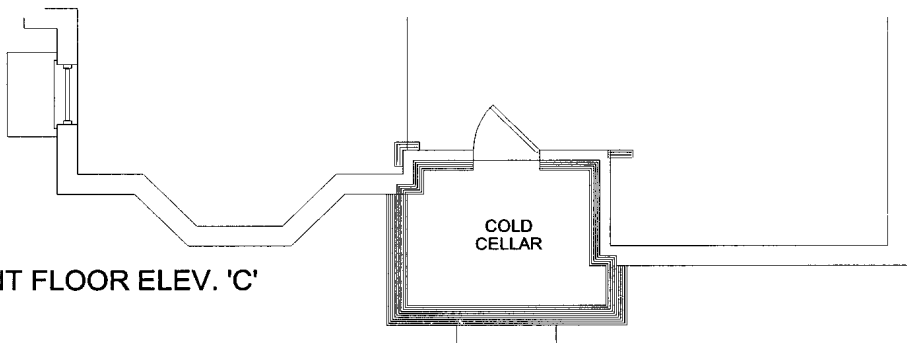
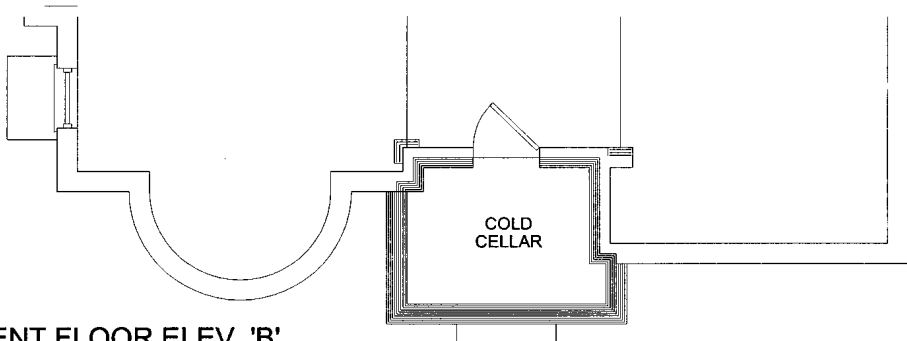
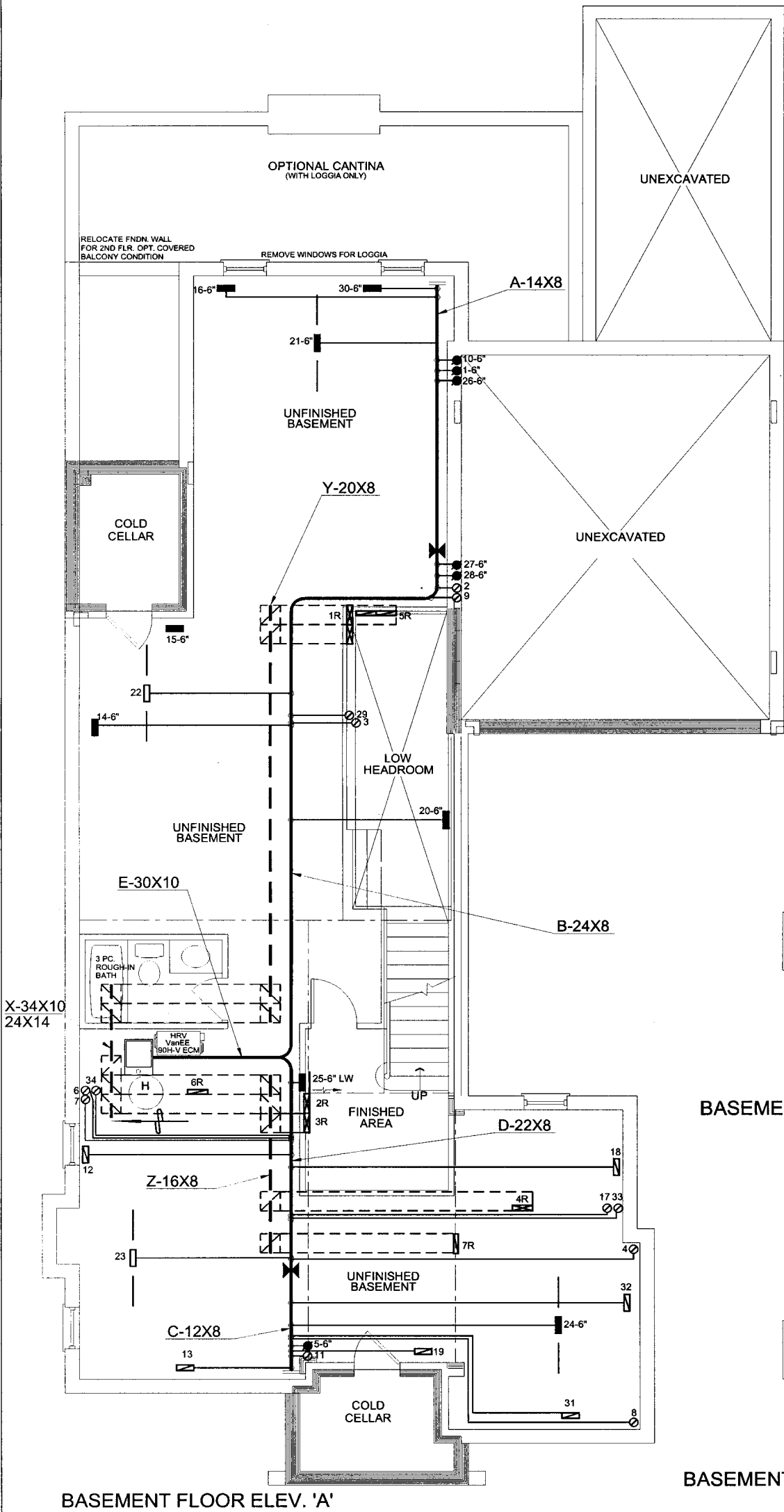
BUILDER: ZANCOR HOMES

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

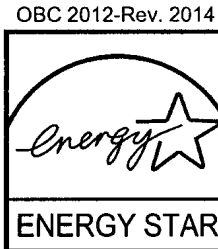


INDIVIDUAL BCIN: 19669
MICHAEL O'ROURKE



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.

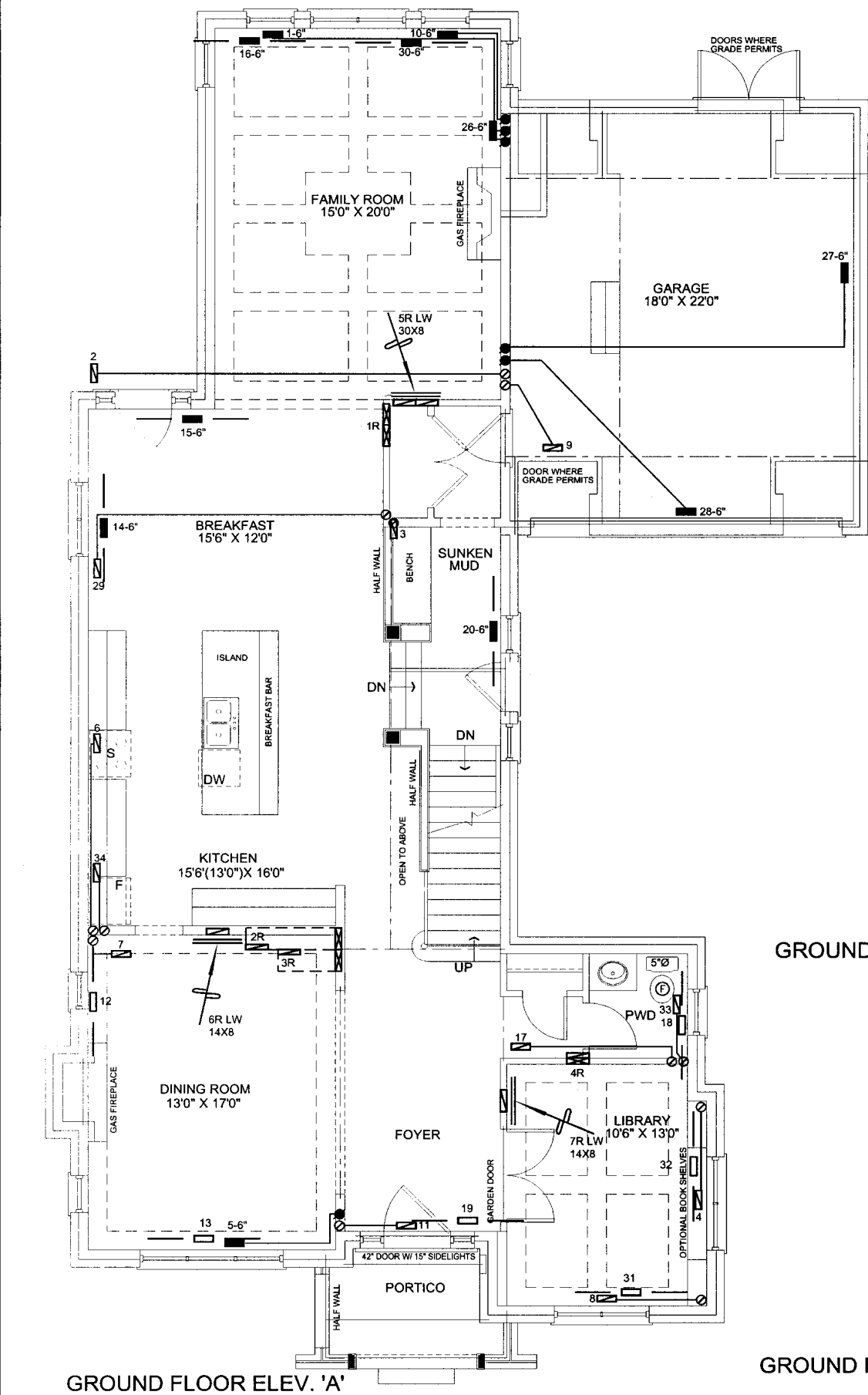
Michael O'Rourke
Michael O'Rourke, BCIN# 19669
HVAC DESIGNS LTD.



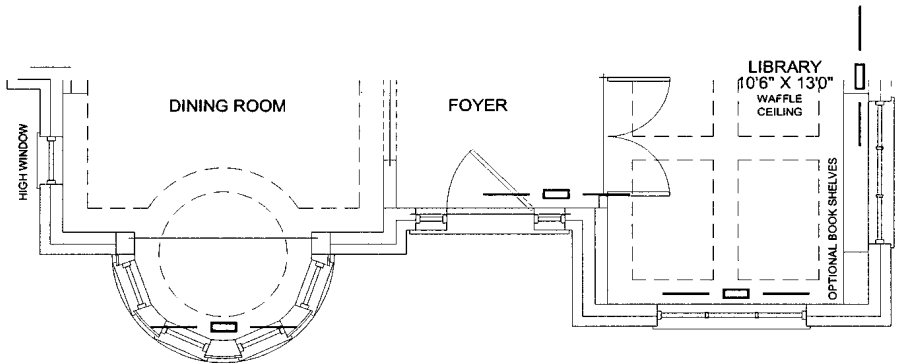
HVAC LEGEND							3.		
SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION	2.	
	FLOOR SUPPLY AIR GRILLE		6" SUPPLY AIR BOOT ABOVE		14"x8" RETURN AIR GRILLE		RETURN AIR STACK ABOVE	1.	
	FLOOR SUPPLY AIR GRILLE 6" BOOT		SUPPLY AIR STACK FROM 2nd FLOOR		30"x8" RETURN AIR GRILLE		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	

ALL DRAWINGS, CALCULATIONS AND SPECIFICATIONS ARE THE PROPERTY OF HVAC DESIGNS LTD.© AND MAY NOT BE REPRODUCED, MODIFIED OR ALTERED WITHOUT EXPRESSED WRITTEN CONSENT. THE DRAWINGS ARE DATED AND USE OF THESE DRAWINGS AFTER ONE YEAR FROM THE DATED NOTED IS NOT AUTHORIZED. CONTRACTOR SHALL CHECK ALL CONDITIONS BEFORE PROCEEDING WITH WORK. LATEST MUNICIPAL APPROVED DRAWINGS ONLY TO BE USED DURING INSTALLATION OF HEATING SYSTEM. HVAC DESIGNS LTD. IS NOT LIABLE FOR ANY CLAIMS ARISING FROM UNAUTHORIZED USE OF THE DRAWINGS OR FROM ANY CHANGES TO ACCEPTED STANDARDS AND/OR THE ONTARIO BUILDING CODE.

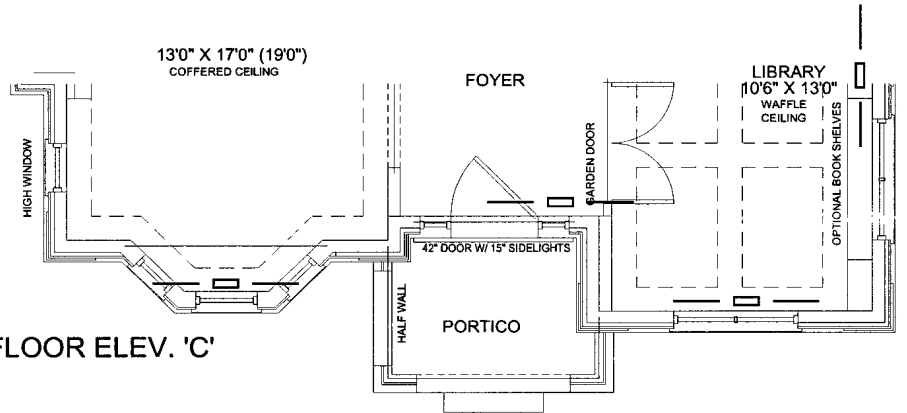
Client		<div></div> <div>65 Church Street South - Ajax, Ontario L1S 6A7 Tel. 905.619.2300 - 905.420.5300 Fax 905.619.2375 Email: info@hvacdesigns.ca Web: www.hvacdesigns.ca Specializing in Residential Mechanical Design Services</div> <div>Installation to comply with the latest Ontario Building Code. 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>	HEAT LOSS 71370 BTU/H UNIT DATA		# OF RUNS S/A R/A FANS				Sheet Title BASEMENT HEATING LAYOUT			
ZANCOR HOMES			MAKE	LENNOX	3RD FLOOR							
Project Name			MODEL	ML195UH090XP48C-90	2ND FLOOR		16	4	4	Date JAN/2014		
THE CASTLES OF KING CITY KING CITY, ONTARIO			INPUT	88 MBTU/H	1ST FLOOR		13	3	2			
OPT # 2 STUDIO LOFT 4 BATH 50-6 3742 sqft			OUTPUT	85 MBTU/H	BASEMENT		5	1	0	Scale 1/8" = 1'-0"		
			COOLING	4.0 TONS	ALL S/A DIFFUSERS 4"x10" UNLESS NOTED OTHERWISE ON LAYOUT. ALL S/A RUNS 5"Ø UNLESS NOTED OTHERWISE ON LAYOUT. UNDERCUT DOORS 1" min. FOR R/A						BCIN# 19669	
			FAN SPEED	1460 cfm @ 0.5" w.c.							LO# 53719	



GROUND FLOOR ELEV. 'A'



GROUND FLOOR ELEV. 'B'



GROUND FLOOR ELEV. 'C'

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

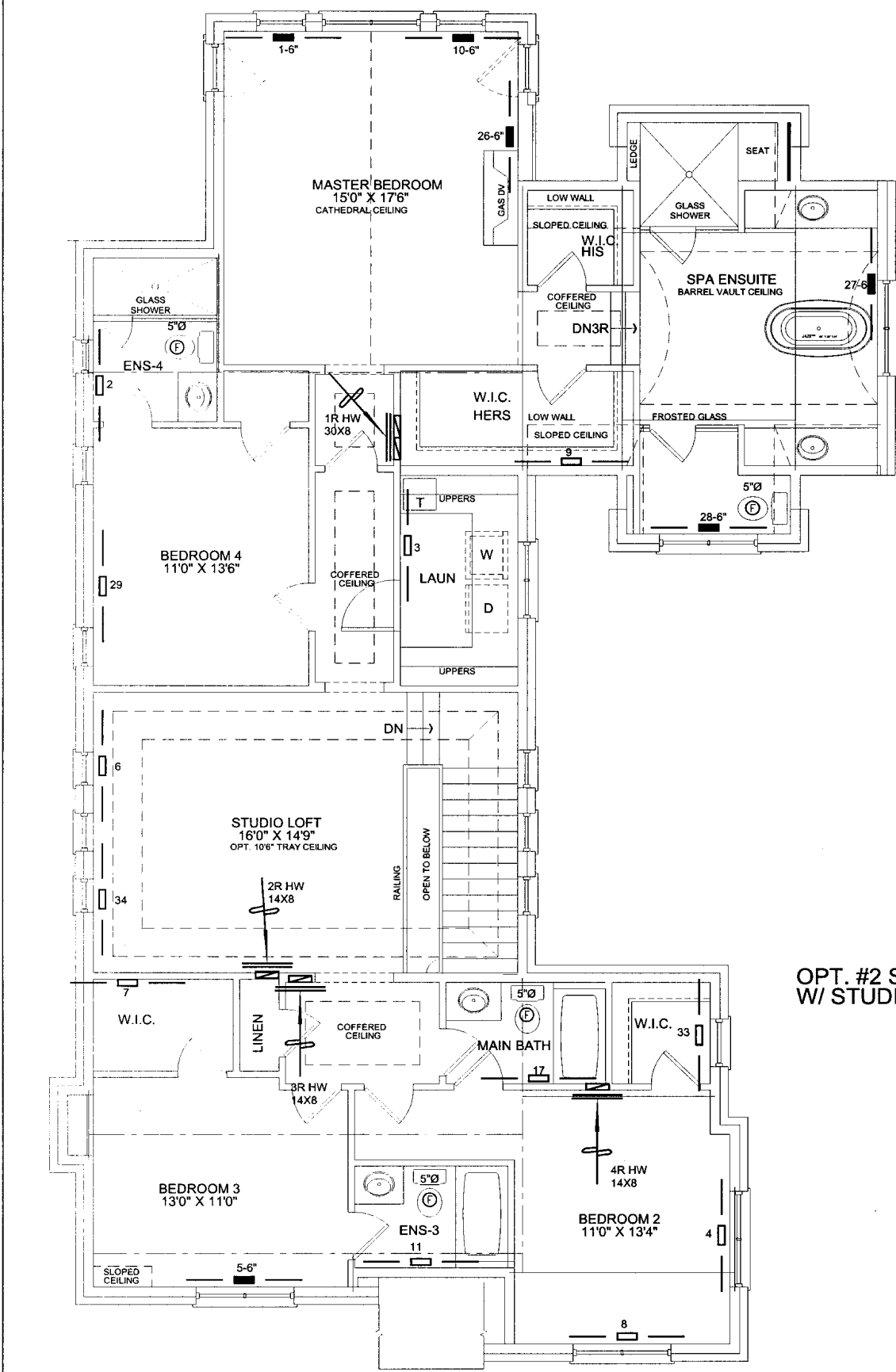
OBC 2012-Rev. 2014



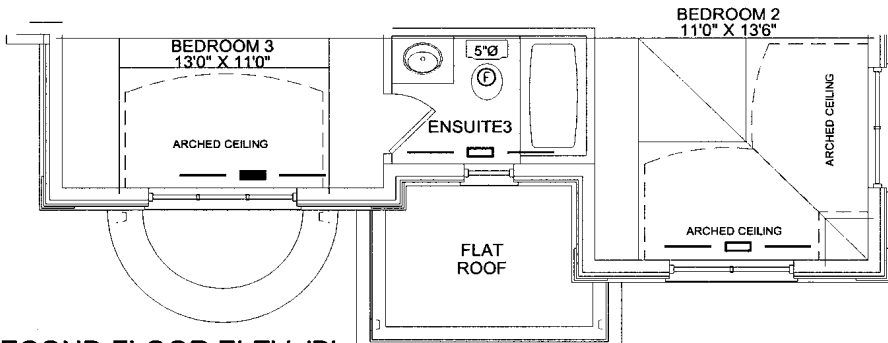
HVAC LEGEND								3.		
SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION	2.		
	FLOOR SUPPLY AIR GRILLE		6" SUPPLY AIR BOOT ABOVE		14"x8" RETURN AIR GRILLE		RETURN AIR STACK ABOVE	1.		
	FLOOR SUPPLY AIR GRILLE 6" BOOT		SUPPLY AIR STACK FROM 2nd FLOOR		30"x8" RETURN AIR GRILLE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

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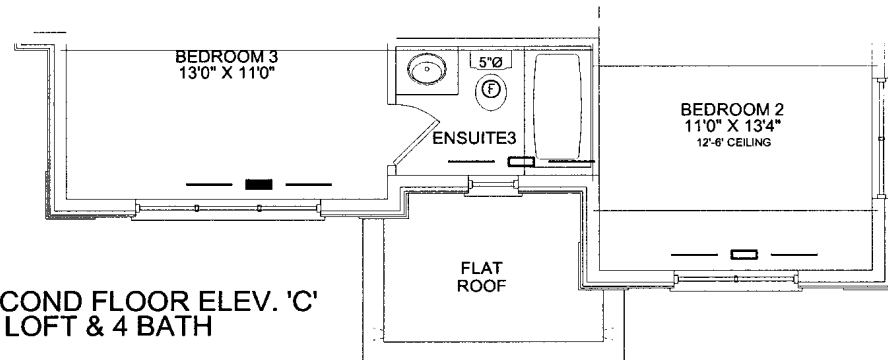
Client ZANCOR HOMES		<div><p>65 Church Street South - Ajax, Ontario L1S 6A7 Tel. 905.619.2300 - 905.420.5300 Fax 905.619.2375 Email: info@hvacdesigns.ca Web: www.hvacdesigns.ca Specializing in Residential Mechanical Design Services</p><p>Installation to comply with the latest Ontario Building Code. All 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 FIRST FLOOR HEATING LAYOUT	
Project Name THE CASTLES OF KING CITY KING CITY, ONTARIO			Date JAN/2014	Scale 1/8" = 1'-0"
OPT # 2 STUDIO LOFT 4 BATH 50-6 3742 sqft			BCIN# 19669	
			LO#	53719



OPT. #2 SECOND FLOOR ELEV. 'A'
W/ STUDIO LOFT & 4 BATH

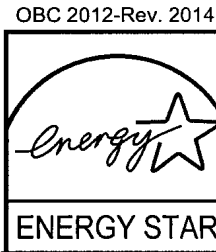


OPT. #2 SECOND FLOOR ELEV. 'B'
W/ STUDIO LOFT & 4 BATH



OPT. #2 SECOND FLOOR ELEV. 'C'
W/ STUDIO LOFT & 4 BATH

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 ZANCOR HOMES		<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 SECOND FLOOR HEATING LAYOUT	
Project Name THE CASTLES OF KING CITY KING CITY, ONTARIO			Date JAN/2014	Scale 1/8" = 1'-0"
OPT # 2 STUDIO LOFT 4 BATH 50-6 3742 sqft			BCIN# 19669	
			LO#	53719