

**RURAL MUNICIPALITY OF SPIRITWOOD NO. 496
BUILDING PERMIT APPLICATION**

Applicant Name: _____

Address: _____

Phone: (H) _____ (W) _____ Cell _____

Email: _____

Contractor's Name: _____

Address: _____

Phone: (H) _____ (W) _____ Cell _____

Email _____

Land Description: _____ Quarter Section _____ Twp _____ Rge _____ W3

Lot _____ Blk/Par _____ Plan No. _____ Development/Hamlet _____

Other Information: _____

Proposed Development: New Addition Alteration RTM Relocation

NOTE: If moving in a building, pictures are required to be submitted with application.

Type of Building:

- Residence Ag Shop/Shed
- Garage Barn
- Mobile Home Other Agricultural: (Describe) _____
- Addition Commercial Building
- Other: (Describe) _____

Size (Main Floor): Length _____ Width _____ Height _____ Area sq. ft.) _____

Size (2nd Floor): Length _____ Width _____ Height _____ Area sq. ft.) _____

Value of Project: _____ Estimated Start Date: _____

I, _____, solemnly declare that all of the above statements contained within this application are true, and I make this solemn declaration consciously believing it to be true, and knowing that it is of the same force and affect as if made under oath, and by virtue of the *Canada Evidence Act*. I further agree to comply with all bylaws & regulations of the Rural Municipality of Spiritwood No. 496 respecting development and acknowledge that it is my responsibility to ensure compliance with The National Building Code and any applicable Act or Regulations regardless of any review or inspections that may or may not occur by any official of the Municipality.

APPLICATION INFORMATION <small>(2 sets of drawings required)</small>	SUBMITTED?		
	Yes	No	To Follow
Site Plan			
Floor Plans/Elevations/Cross Sections			
Mechanical/Electrical			
Ventilation Design Sheets			
Shop Drawings			
Professional Design (sealed drawings)			

Signature of Applicant

Date

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Date Received

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Ventilation Requirements

Project Address:	Municipality:
Owner's Name:	Phone #:
Mechanical Contractor:	Phone #:
HRAI #:	

A) Total Ventilation Capacity

Room	Capacity, L/s	Capacity	No. of Rooms	
Master Bedroom	10	5 L/s	x	=
Other Bedroom	5			
Living Room	5	10 L/s	x	=
Dining Room	5			
Family Room	5	Total Ventilation Capacity 1		
Recreation Room	5			
Basement > 2/3 of the floor area	10			
Basement < 2/3 of the floor area	5			
Other habitable rooms	5			
Kitchen	5			
Bathroom or water closet room	5			
Laundry / Utility room	5			

Remember: 1 bedroom must be designated as the master bedroom
Combined rooms (living/dining) shall be considered separately
Consider future development

B) Principal Exhaust Capacity

	Fan #	Location	Sone	Duct Size / Type	Cap. (L/s)
Minimum Principal Exhaust Capacity = 1 x 50% = Maximum Principal Exhaust Capacity = 1 x 75% = Remember: If the principal exhaust fan rating is greater than Max. PEC, a control is required to make the fan adjustable to +/- 10% of the Min. P					
Principal Exhaust Capacity 2					

C) Supply Air Capacity

	*Fan #	* Sone	Duct Size	Dust Type	Cap. (L/s)
*If the supply air duct is connected to the return air plenum without an additional supply fan, then information for Fan # and Sone is not required.					

D) Supplemental Exhaust Capacity

	Fan #	Location	Sone	Duct Size / Type	Cap. (L/s)
Remember: -Bathrooms or kitchen not exhausted with the principal exhaust require supplemental exhaust. Bathrooms: 25 L/s Kitchen: 50 L/s Where the principle exhaust fan serves the kitchen and bathroom, an additional supplemental fan is required in the kitchen All supplemental exhaust fans or appliances that exhaust more than 75 L/s require make-up air					
Supplemental Exhaust Capacity 3					

E) Ventilation System Balance

The Principal Exhaust Capacity + the Supplemental Capacity is to be greater than or equal to the Total Ventilation Capacity.

Line 2 + Line 3 ≥ Line 1

2	+	3	=	
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