



APPLICANT: _____

EMAIL: _____

REQUIRED INFORMATION FOR BUILDING APPLICATIONS

HVAC SYSTEM PERMIT APPLICATION CHECKLIST

This Application checklist shall be **completed** and **attached** to your Building/Gas Permit application. All of the required information is necessary for the review of the application and for a timely decision to be rendered.

To expedite the evaluation your application must have:

- All submission requirements to be included in the application.
- All application documents must be clear, legible, precise, and be prepared to professional drafting standards.
- Every document submitted must have a title block with the project name, legal and municipal address and the name and phone number of the designer.

If the information is determined to be insufficient, the application will be considered **incomplete**; and it will not proceed to review until the requirements have been satisfied.

All boxes shall be "CHECKED" and information indicated attached to the application.

OFFICE ✓	CLIENT ✓	APPLICATION SUBMISSION REQUIREMENTS	COMMENTS		
<input type="checkbox"/>	<input type="checkbox"/>	<p>1. Project Description:</p> <p><input type="checkbox"/> Project Name _____</p> <p><input type="checkbox"/> Proposed Use _____</p> <p><input type="checkbox"/> Describe Scope of Work _____ _____ _____</p> <p><input type="checkbox"/> Civic Address: Unit _____ Street # _____ Street/Road Name _____</p> <p><input type="checkbox"/> Company Name _____</p> <p><input type="checkbox"/> Applicants Name _____</p> <p><input type="checkbox"/> Owner Name _____</p> <p><input type="checkbox"/> Owner's Telephone Number _____</p> <p><input type="checkbox"/> Engineering Firm Name (if applicable) _____</p> <p><input type="checkbox"/> Engineer's Name (if applicable) _____</p> <p><input type="checkbox"/> Number of Units being installed* _____</p> <p style="background-color: yellow;">*If two or more units with different specifications are to be used, complete a separate form for each unit. Indicate on this form that additional units' information is attached.</p>			
<input type="checkbox"/>	<input type="checkbox"/>	<p>2. Indicate Major Uses/Classification:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Commercial Kitchen <input type="checkbox"/> Repair/Service Garage <input type="checkbox"/> Storage Garage <input type="checkbox"/> Beauty Salon <input type="checkbox"/> Welding Shop </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Car Wash <input type="checkbox"/> Spray Booth <input type="checkbox"/> Medical/Health Facility <input type="checkbox"/> Warehouse with Forklift <input type="checkbox"/> Industrial Shop </td> </tr> </table> <p>Specific Use/Description: _____</p>	<input type="checkbox"/> Commercial Kitchen <input type="checkbox"/> Repair/Service Garage <input type="checkbox"/> Storage Garage <input type="checkbox"/> Beauty Salon <input type="checkbox"/> Welding Shop	<input type="checkbox"/> Car Wash <input type="checkbox"/> Spray Booth <input type="checkbox"/> Medical/Health Facility <input type="checkbox"/> Warehouse with Forklift <input type="checkbox"/> Industrial Shop	
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<input type="checkbox"/>	<input type="checkbox"/>	<p>3. Indicate Type of System/Equipment:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Boiler/Hydraulic</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Exhaust & Makeup Air</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Radiant/UV Heater</td> <td style="border: none;"><input type="checkbox"/> Geo-Thermal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Furnace</td> <td style="border: none;"><input type="checkbox"/> Gas</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Roof Top Unit</td> <td style="border: none;"><input type="checkbox"/> Electric</td> </tr> </table> <p>Other: _____</p>	<input type="checkbox"/> Boiler/Hydraulic	<input type="checkbox"/> Exhaust & Makeup Air	<input type="checkbox"/> Radiant/UV Heater	<input type="checkbox"/> Geo-Thermal	<input type="checkbox"/> Furnace	<input type="checkbox"/> Gas	<input type="checkbox"/> Roof Top Unit	<input type="checkbox"/> Electric	
<input type="checkbox"/> Boiler/Hydraulic	<input type="checkbox"/> Exhaust & Makeup Air										
<input type="checkbox"/> Radiant/UV Heater	<input type="checkbox"/> Geo-Thermal										
<input type="checkbox"/> Furnace	<input type="checkbox"/> Gas										
<input type="checkbox"/> Roof Top Unit	<input type="checkbox"/> Electric										
<input type="checkbox"/>	<input type="checkbox"/>	<p>4. Existing Equipment Information:</p> <p><input type="checkbox"/> Picture of existing name plate included</p> <p><input type="checkbox"/> Weight of Unit: _____ Supply CFM: _____</p> <p><input type="checkbox"/> BTUs Existing: _____ Exhaust CFM: _____</p> <p>An Electrical Permit is required if:</p> <ul style="list-style-type: none"> • The electrical characteristics/specs in Section 4 & 5 are different. • Additional cabling is required or needs to be modified. 									
<input type="checkbox"/>	<input type="checkbox"/>	<p>5. New Replacement Equipment Information:</p> <p><input type="checkbox"/> a. Copy of Specs.</p> <p><input type="checkbox"/> b. Site Plan showing equipment placement.</p> <p><input type="checkbox"/> c. Roof and/or Floor Plan showing equipment placement.</p> <p><input type="checkbox"/> d. Weight of Unit</p> <p><input type="checkbox"/> e. BTUs</p> <p><input type="checkbox"/> f. Design CFM</p> <p><input type="checkbox"/> g. Actual CFM</p> <p><input type="checkbox"/> h. Exhaust CFM</p>									
<input type="checkbox"/>	<input type="checkbox"/>	<p>6. Fire Alarm/Automatic Fire Suppression: (where applicable)</p> <p><input type="checkbox"/> a. Manufacturer, Model, Type, Capacity, and Approval of Fire Suppression System. The location of discharge heads and fusible links are to be shown as well as location of manual pull stations.</p> <p><input type="checkbox"/> b. HVAC Interlock with Fire Suppression System required.</p> <p><input type="checkbox"/> c. HVAC Interlock with Fire Alarm System required.</p> <p><u>Type of System:</u></p> <p><input type="checkbox"/> Wet Chemical</p> <p><input type="checkbox"/> Dry Chemical</p> <p><input type="checkbox"/> Sprinkler NFPA 13</p> <p><input type="checkbox"/> NFPA 96</p> <p><input type="checkbox"/> Clean Agent</p>									

You will receive email notification upon issuance of Permit. Conditions will be attached to the Permit. The work is required to comply with all the conditions attached to the permit. It is imperative that the applicant carefully read and understand all the Permit conditions.

The personal information collected is authorized under Section 4 (c) of the *Protection of Privacy Act* and is managed in accordance with the Act. It will be used as contact information and to process your application. If you have any questions regarding the collection or use of this information please contact PULSE at 780-743-7000, 1-800-973-9663, or online at rmwb.ca/pulse.