



APPLICANT: _____

EMAIL: _____

ADDRESS: _____

TELEPHONE: _____

REQUIRED INFORMATION FOR HVAC SYSTEM REPLACEMENT PERMIT

HVAC SYSTEM PERMIT APPLICATION CHECKLIST

This checklist of application submission requirements 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, staff have been instructed to accept **only** complete applications, which require:

- All application submission requirements to be included in the application.
- All application submission documents to be clear, legible, and precise, and prepared to professional drafting standards.
- Should the above be considered inadequate by staff, the application shall be deemed **incomplete**, and it will not be reviewed until the requirements have been satisfied.

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

OFFICE <input checked="" type="checkbox"/>	CLIENT <input checked="" type="checkbox"/>	APPLICATION SUBMISSION REQUIREMENTS	COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	1. Project Description: Project Name _____ Proposed Use _____ Describe Scope of Work _____ Civic Address: Unit _____ Street # _____ Street/Road Name _____ Company Name _____ Applicants Name _____ Owner Name _____ Owner's Telephone Number _____ Engineering Firm Name (if applicable) _____ Engineer's Name (if applicable) _____ Number of Units being installed* _____ <small>*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.</small>	
<input type="checkbox"/>	<input type="checkbox"/>	2. Indicate Major Uses/Classification <input type="checkbox"/> Commercial Kitchen <input type="checkbox"/> Car Wash <input type="checkbox"/> Repair/Service Garage <input type="checkbox"/> Spray Booth <input type="checkbox"/> Storage Garage <input type="checkbox"/> Medical/Health Facility <input type="checkbox"/> Beauty Salon <input type="checkbox"/> Warehouse with Forklift <input type="checkbox"/> Welding Shop <input type="checkbox"/> Industrial Shop Specific Use/Description _____	



<input type="checkbox"/>	<input type="checkbox"/>	<p>3. Indicate Type of System/Equipment</p> <p><input type="checkbox"/> Boiler/Hydronic <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</p> <p>Other _____</p>	
<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 _____ <input type="checkbox"/> Supply CFM _____ <input type="checkbox"/> BTUs Existing _____ <input type="checkbox"/> Exhaust CFM _____</p> <p>*If the electrical characteristics/specs in section 4 & 5 are different, an electrical permit is required.</p> <p>*If additional cabling is required, or to be modified, an electrical permit is required.</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<p>5. New Replacement Equipment Information</p> <p><input type="checkbox"/> Copy of specs <input type="checkbox"/> Site Plan showing Equipment Placement <input type="checkbox"/> Roof and/or Floor Plan Showing Equipment Placement</p> <p><input type="checkbox"/> Weight of Unit _____ <input type="checkbox"/> Actual CFM _____ <input type="checkbox"/> BTUs _____ <input type="checkbox"/> Exhaust CFM _____ <input type="checkbox"/> Design CFM _____</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<p>6. Fire Alarm/Automatic Fire Suppression (where applicable)</p> <p><input type="checkbox"/> 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 <input type="checkbox"/> HVAC Interlock with Fire Suppression System required <input type="checkbox"/> HVAC Interlock with Fire Alarm System required</p> <p><u>Type of System:</u></p> <p><input type="checkbox"/> Wet Chemical <input type="checkbox"/> NFPA 96 <input type="checkbox"/> Dry Chemical <input type="checkbox"/> Clean Agent <input type="checkbox"/> Sprinkler NFPA 13</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 of 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 contact PULSE at 780-743-7000, or online at rmwb.ca/pulse.