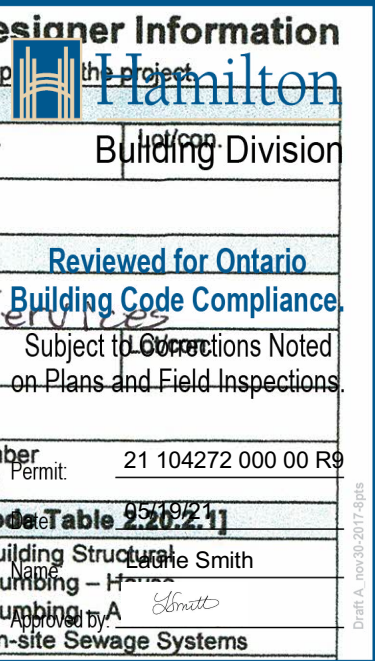


Schedule 1: Designer Information



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 <u>688 Crooks Hollow Rd.</u>		Unit no.	Building Division
Municipality <u>Dundas</u>	Postal code	Plan number/ other description	
B. Individual who reviews and takes responsibility for design activities			
Name <u>S. Clarke-Johnson</u>		Firm <u>HVAC Design Services</u>	
Street address <u>3215 Grassie Rd.</u>		Unit no.	Subject to Corrections Noted on Plans and Field Inspections.
Municipality <u>Grassie</u>	Postal code <u>L0R1N0</u>	Province <u>On.</u>	E-mail
Telephone number <u>(905) 309 6444</u>	Fax number <u>(905) 309 6333</u>	Cell number ()	Permit: 21 104272 000 00 R9
C. Design activities undertaken by individual identified in Section B. [Building Code Table 2.20.2.1]			
<input type="checkbox"/> House	<input checked="" type="checkbox"/> HVAC - House	<input type="checkbox"/> Building Structural	Name: <u>L. Smith</u>
<input type="checkbox"/> Small Buildings	<input type="checkbox"/> Building Services	<input type="checkbox"/> Plumbing - H	Approved by: <u>L. Smith</u>
<input type="checkbox"/> Large Buildings	<input type="checkbox"/> Detection, Lighting and Power	<input type="checkbox"/> Plumbing - A	
<input type="checkbox"/> Complex Buildings	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> On-site Sewage Systems	
Description of designer's work <u>Heat Loss/Gain, Duct Design, Mechanical Ventilation</u>			
D. Declaration of Designer			
I, <u>S. Clarke-Johnson</u> declare that (choose one as appropriate): (print name)			
<input type="checkbox"/> I review and take responsibility for the design work on behalf of a firm registered under subsection 2.17.4. 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 work and am qualified in the appropriate category as an "other designer" under subsection 2.17.5. of the Building Code. Individual BCIN: <u>24790</u> Basis for exemption from registration: <u>Division C3.2.4.1.(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 authority to bind the corporation or partnership (if applicable).			
<u>Nov 9, 2020</u> Date		<u>S. Clarke-Johnson</u> Signature of Designer	

*For the purposes of this form, "individual" means the "person" referred to in Clause 2.17.4.7.(1)(d), Article 2.17.5.1. and all other persons who are exempt from qualification under Subsections 2.17.4. and 2.17.5.

NOTE:

1. Firm and Individual BCIN numbers are not required for building permit applications submitted prior to January 1, 2006
2. Schedule 1 does not need to be completed by architects, or holders of a Certificate of Practice or a Temporary License under the *Architects Act*.

Energy Efficiency Design Summary: Prescriptive Method

(Building Code Part 9, Residential)
 **Hamilton Building Division**

This form is used by a designer to demonstrate that the energy efficiency design of a house complies with the building code using the prescriptive method described in Subsection 3.1.1. of SB-12. This form is applicable where the ratio of gross area of windows/sidelights/skylights/glazing in doors and sliding glass doors to the gross area of peripheral walls is not more than 22%.

For use by Principal Authority	
Application No:	Model/Certification Number

Reviewed for Ontario Building Code Compliance.

Subject to Corrections Noted on Plans and Field Inspections.

A. Project Information

Building number, street name 688 Crooks Hollow Rd.		Unit number
Municipality Dundas	Postal code	Reg. Plan number / other description

Permit: **21 104272 000 00 R9**

Date: **05/19/21**

Name: **Laurie Smith**

Approved by: *[Signature]*

B. Prescriptive Compliance [indicate the building code compliance package being employed in this house design]

SB-12 Prescriptive (input design package): Package: **Zone 1** Table: **3.1.1.1.1**

C. Project Design Conditions

Climatic Zone (SB-1):	Heating Equipment Efficiency	Space Heating Fuel Source
<input checked="" type="checkbox"/> Zone 1 (< 5000 degree days)	<input checked="" type="checkbox"/> ≥ 92% AFUE	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Solid Fuel
<input type="checkbox"/> Zone 2 (≥ 5000 degree days)	<input type="checkbox"/> ≥ 84% < 92% AFUE	<input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Earth Energy
Ratio of Windows, Skylights & Glass (W, S & G) to Wall Area		Other Building Characteristics
Area of walls = _____ m ² or _____ ft ²		<input type="checkbox"/> Log/Post&Beam <input type="checkbox"/> ICF Above Grade <input type="checkbox"/> ICF Basement
W, S & G % = _____		<input type="checkbox"/> Slab-on-ground <input type="checkbox"/> Walkout Basement
Area of W, S & G = _____ m ² or _____ ft ²		<input checked="" type="checkbox"/> Air Conditioning <input type="checkbox"/> Combo Unit
Utilize window averaging: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Air Sourced Heat Pump (ASHP)
		<input type="checkbox"/> Ground Sourced Heat Pump (GSHP)

SEE REVISED
EEDS FORM
(MAY 18/21)

D. Building Specifications [provide values and ratings of the energy efficiency components proposed]

Energy Efficiency Substitutions	
<input type="checkbox"/> ICF (3.1.1.2.(5) & (6) / 3.1.1.3.(5) & (6))	
<input type="checkbox"/> Combined space heating and domestic water heating systems (3.1.1.2.(7) / 3.1.1.3.(7))	
<input type="checkbox"/> Airtightness substitution(s) Airtightness test required (Refer to Design Guide Attached)	<input type="checkbox"/> Table 3.1.1.4.B Required: _____ Permitted Substitution: _____
	<input type="checkbox"/> Table 3.1.1.4.C Required: _____ Permitted Substitution: _____
	Required: _____ Permitted Substitution: _____

Building Component	Minimum RSI / R values or Maximum U-Value ⁽¹⁾	Building Component	Efficiency Ratings
Thermal Insulation	Nominal Effective	Windows & Doors Provide U-Value ⁽¹⁾ or ER rating	
Ceiling with Attic Space	60 59.22	Windows/Sliding Glass Doors	0.28
Ceiling without Attic Space	31 27.65	Skylights/Glazed Roofs	-
Exposed Floor	31 29.80	Mechanicals	
Walls Above Grade	19+5ci 20.32	Heating Equip.(AFUE)	-
Basement Walls	20ci 21.12	HRV Efficiency (SRE% at 0°C)	-
Slab (all >600mm below grade)	- -	DHW Heater (EF)	-
Slab (edge only ≤600mm below grade)	10 11.13	DWHR (CSA B55.1 (min. 42% efficiency))	# Showers _____
Slab (all ≤600mm below grade, or heated)	10 -	Combined Heating System	

(1) U value to be provided in either W/(m²·K) or Btu/(h·ft²·F) but not both.

E. Designer(s) [name(s) & BCIN(s), if applicable, of person(s) providing information herein to substantiate that design meets the building code]

Qualified Designer Declaration of designer to have reviewed and take responsibility for the design work.		
Name S. Clarke-Johnson	BCIN 24790	Signature <i>[Signature]</i>