

Synergy HVAC Design Inc.

Commercial Building Permit Design Information Sheet Part 9 – Non-Residential (SB-10 Division 4 Buildings)

Job Name: _____

Address/Municipality: _____

Contact Name and Tel#/email: _____

Part 9 Building Classification: _____

Division 4 Climate Zone: _____

Building Size: Footprint: _____ Gross Floor Area: _____



Orientation of front of building: N S E W

Complete set of drawings required including Site and Floor plans, Elevations, Cross Sections complete with as much detail as possible.

SB-10 – Division 4 Checklist Attached? Y or N

Electric Heat >10% of building requirement? Y or N

Intended for occupancy on a continuing basis in winter months? Y or N

Fenestration Ratio: _____
(Cannot exceed 40% for window/wall and 5% of ceiling for skylights)

Single HVAC unit per zone? Y or N

Electric Motors for Audit: Elevator, Furnace, Compressors, etc. – Specs are attached. Y or N

Desired Indoor Design Temp: _____ (Default is 18C/65F Htg; 75F Clg)

of Occupants Average (Per Day) or give details:
Employees: _____ Customers: _____ Avg Length of Stay: _____

Peak (Busy) time of day: January _____ July _____

Activity level of occupants:

Building components: Not required if SB-10 checklist attached.

Fenestration	Window Specifications	
	U-Value (W/m2/C)	SHGC
Vertical Fenestration, 0%-40% of Wall		
Skylight with Curb, % of Roof 0%-5.0%		
Skylight without curb, % of Roof 0%-5.0%		

Note: U-value is the overall U-value of the window, not the centre of glass.

Opaque Elements	Imperial OR Metric (indicate)	
	U-Value of Complete Assembly	R-value of Cavity and Continuous Insulation
Roofs		
Without Attic Space-Insulation Above Deck		
With Attic Space and Other		
Walls, Above Grade		
Above Grade Walls		
Wall, Below Grade		
Below Grade Wall – U or C-Factor		
Exposed Floors		
Lightweight framing		
Mass		
Slab-On-Grade Floors (perimeter+below slab)		
Unheated		
Heated		

Heating equipment:

Fuel Type and Venting per zone: _____

Make and Model per zone:

Eff per zone: _____ %;

Motor HP per piece of equipment: _____

Is ductwork in a return air ceiling plenum? _____

Indicate heights to dropped ceiling and height to roof: _____

Lighting: Interior Lighting Power Allowance: _____

Describe actual interior lighting to be used.

Type	Location	# Fixtures	Watts per fixture	Recessed into R/A ceiling plenum?

Ventilation: ASHRAE 62.1 Prescribed rate for occupancy and notes:

Ventilation Equipment – Preferred and Make/Model if known:

If >70% of system supply air AND > 1400 L/S then HRV is required;

Exhaust fans > 280 cfm, require gravity or motorized dampers to close when not in operation.

Exhaust Fans/Kitchen Hoods

Location/Description	Q	CFM per fan or hood OR Specs

Make-Up Air: Provide specifications if available.

Location: _____

Description: _____

Appliances: Indicate all appliances (coffeemakers, refrigerators, computers, photocopiers, etc.) and their Btuh output or wattage if known. The more accurate this data; the more reliable the load calculation.

Location or Room	Q	Appliance Description	Wattage	Duty Cycle: % use per hour or per day - specify

For office use: Quotation # _____ Job # _____

CC # _____ Exp _____

Amount\$ _____ Auth Code: _____

Phone: (613) 329-4250 email:synergyHVAC@cogeco.ca
