



City of Yellowknife

RESIDENTIAL VENTILATION DESIGN Installation Checklist

Please complete the Permit number:

PR - 20__ -

(This checklist applies to the installation of equipment required for residential ventilation)

For GENERAL INFORMATION, please call: 867-920-5600

Email: permits@yellowknife.ca in a PDF format.

For TECHNICAL INFORMATION please call: 867-920-5629

Delivered to: City Hall, 4807-52 Street

Mailed to: City of Yellowknife, PO Box 580, Yellowknife, NT, X1A 2N4

I. GENERAL INFORMATION Preferred Communication

Owner: _____ Email: _____
 Contractor: _____ Email: _____
 Business License:

II. PROJECT INFORMATION

Project Municipal Address: _____
 Legal Description - Lot: _____ Block: _____ Plan: _____

III. APPLIANCE AND INSTALLATION INFORMATION

HRV Installation Location: _____
 Manufacturer/Model: _____ Design Airflow(cfm high /low) _____

	LOCATION		SONES	DUCT SIZE	DUCT TERMINATES IN
Kitchen (min 80 cfm)					
Bath (min 50 cfm)					
Bath (min 50 cfm)					
Bath (min 50 cfm)					

MAKE UP AIR (specify): _____

SYSTEM BALANCED(specify): _____

	Please Check	X	Please Check	X
Distribution to all habitable rooms			Insulated duct sealed	
Kitchen intake has grease filter			Dampers accessible	
Kitchen exhaust 40" to range			Fans operating and clean	
Supply 18"(min) above grade			Controls functioning	
Supply intake 6' from exhaust			Drain loop installed	
Supply intake 3' from other exhaust			All duct joints are sealed	

IV. DECLARATION OF INSTALLER

I certify that the information submitted in this CHECKLIST is true and conforms with provided Manufacturer's Installation Manual, CAN/CSA F326-M, NBC 2010 and By-law No. 4469 to the best of my knowledge.

Installer's Signature: _____ Date: _____