

Please review the following prior to submitting documentation for a Standard Building Permit

**Civic Address of Standard Building Project:** \_

- Home Owner Protection Office paperwork submitted
- All applications submitted pertaining to your project to be completed in full:
  - Application for Standard Building Permit (Form A)
  - Application for Solar Hot Water Development Permit (Single Family Dwellings)
  - Owner's Declaration (Schedule B)
  - Application for Plumbing Permit (Form C)
  - Water Turn On/Off Application
- Plot Plan submitted showing all setbacks and driveway access.
- Two sets of plans submitted showing all changes, if any (ie -. are all window sizes and locations correct, building dimensions correct?)
- Erosion Sediment Control Plan

**Foundation**

- Standard forms
- Styrofoam form system;
- Pile & grade beam
- Preserved wood foundation
- Other \_\_\_\_\_

**Garage Foundation**

- Standard forms
- Styrofoam form system;
- Pile & grade beam
- Preserved wood foundation
- Other \_\_\_\_\_

**Floor System**

- Standard floor joist
- TJI engineered floor
  - Engineered layout submitted

**Truss Documents**

- Professional Engineered and stamped with seal submitted
- Truss layout submitted

**Plumbing and Heating**

- Heat loss calculations
- Plumbing isometric drawings submitted showing sizes and locations of drainage pipes, water pipes and fixtures

**Deck Foundations**

- Concrete piles
- Steel screwed piles
  - If deck is covered, Schedules B<sub>1</sub> & B<sub>2</sub> attached from Professional Engineer

**Energy Advisor – Pre-Built Design**

- Energy Step Code Report
- BC Step Code & Required Information on the Plans

The Building Department has up to 10 business days to process a Standard Building Permit. Incomplete applications may result in your permit(s) being delayed.

**FORM A**  
Application for Standard Building Permit

**Plan Processing Fee:**

- New Construction - \$125.00 **OR**
- Addition/Renovation up to 50m<sup>2</sup> - \$75.00
- Addition/Renovation 51m<sup>2</sup> or larger- \$100.00

**For Office Use Only:**

**Receipt No.**

1. Civic Address of Property: \_\_\_\_\_
2. Name of Owner: \_\_\_\_\_
3. Name of Authorized Agent (if applicable): \_\_\_\_\_
4. Type of Building:  SFD    Duplex    Manufactured Home    Multi-Family (4 or less dwelling units)
5. Type of Work:  New Construction    Addition    Alteration/Renovation    Detached Garage
6. If the Work is an Alteration/Renovation or Addition: Value of Construction will be \$ \_\_\_\_\_

**Declaration:**

I HEREBY AGREE to indemnify and keep harmless the City of Fort St. John and its employees against all claims, liabilities, judgments, costs and expenses of whatsoever kind which may in any way occur against the said City and its employees in consequence of and incidental to, the granting of this permit, if issued, and I further agree to conform to all requirements of the Building Bylaw and all other statutes and bylaws in force in the City of Fort St. John.

Signature of Owner/ Agent: \_\_\_\_\_

Printed name of Owner/ Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**Please include two (2) copies of the plan of the proposed building, addition, alteration or renovation.  
One (1) copy of the plot plan is to accompany this application.**

**For Office Use Only:**

<b>Legal Description:</b>		<b>Roll Number</b>	<b>Zoning</b>
Lot	Bk	Plan	
<b>Building Area:</b>			
Building Footprint:	ft <sup>2</sup>	Second Storey:	ft <sup>2</sup> Total ft <sup>2</sup> =
<b>Value of Construction:</b>		<b>Building Permit Fee:</b> (\$5 per \$1000 value of construction)	
Total ft <sup>2</sup>	x \$240.00 = \$	\$	
<b>Damage Deposit:</b>		<b>Landscaping and Paving Deposit:</b>	
\$		\$	
<b>Standard Building Permit Approved by:</b>		<b>Date Approved:</b>	<b>Building Permit No.:</b>

**SCHEDULE B**

**OWNER'S DECLARATION**

**BUILDING PERMIT No.** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**Owner's\* Information:**

Owner Name: (Please print)	Owner's Address:
Owner Phone Number:	<b>Civic Address of Property to Which Permit(s) is Sought:</b>
Owner Email Address:	Legal Description: Lot                      Block:                      Plan:

**Owner's Appointment of an Agent (if applicable):**

I declare that I am the Owner to the above referenced property and in accordance with Section 8 to the City's Building Bylaw, I hereby authorize:

Agent Name: (Please print)	Agent's Mailing Address
Agent's Contact Phone Number:	Agent's Contact Email Address:

**\* If there is more than one Owner for the subject property described above, the Owner named above acts on behalf of all other Owners.**

**Duties and Responsibilities:**

As Owner, I HEREBY AGREE to the following duties and responsibilities as set out below, as directed by the City of Fort St. John that include, but are not limited to;

1. Every Owner shall ensure that all construction complies with the Building Code, the City's Building Bylaw and all other applicable enactments as amended from time to time.
2. Every Owner to whom a permit is issued is responsible for the cost of repair(s) to damage to any municipal property that occurs during construction as authorized by that permit. Upon receipt of written notice from the City of damage or deficiencies to municipal property, the City shall undertake the repair(s) of the said property. The City will then deduct the cost incurred from the damage deposit in accordance with Section 26.1.2 of the City's Building Bylaw. If the cost of repairs to municipal property is greater than the damage deposit provided, the Owner shall pay the amount of the insufficiency to the City forthwith upon receipt of the City's invoice for that amount as per Section 26.1.3 of the City's Building Bylaw.
3. Deliver to the Building Inspector, records of the results of any tests of materials, if the tests are made to ensure conformity with the requirements of the Building Code or of the City's Building Bylaw.
4. The Owner shall give at least 24 hours notice to the City when requesting or scheduling an inspection. Requests may be made by calling City Hall at 250-787-8150 between 8:30am to 4:30pm Monday to Friday.

5. The following inspections are required:

Footings (prior to pouring concrete)
Foundation (prior to pouring concrete and survey required before inspection)
Services
Pilings
Grade Beam
Weeping Tile/ Damp Proofing/ Drain Rock
Underslab Plumbing (with air or water test)
Slab Seal
Rough In Plumbing (with air or water test)
Framing (prior to insulation/ siding and all plumbing/ mechanical and electrical work completed)
Insulation and Vapour Barrier (prior to all wall finishes)
Final Inspection for Occupancy Permit

6. When required, a Building Inspector may request the uncovering of previously covered work, at the Owner's expense, to ensure a proper inspection is performed and approval is attained.
7. Shall post the civic address on a property in a visible location at all times.
8. All material and equipment must be stored on your own property at all times.
9. Sidewalks and roadways must be kept clear of all mud and debris, and be cleaned daily.
10. All applicable City of Fort St. John bylaws must be followed and adhered to.

**Declaration:**

I HEREBY AGREE that neither the granting of a permit, nor the approval of the drawings and specifications, nor inspections made by the Building Inspector, shall in any way relieve the Owner from full responsibility for carrying out or having the work carried out in accordance with the Building Code, the City of Fort St. John Building Bylaw or any bylaws or statutes and regulations relating to any work or undertaking in respect of which this application is made.

I have read and understand the above:

Owner's Declaration is executed by the Owner this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(day) (month) (year)

Owner's Signature:	Witness's Signature:
Owner's Name (print):	Witness's Name (print):
Authorized Agent Signature: (if applicable)	Witness Signature:
Authorized Agent Name (print):	Witness Name (print):

**FORM C**  
Application for Plumbing Permit

**Information:**

1. Civic Address of Property: \_\_\_\_\_
2. Name of Owner/ Agent: \_\_\_\_\_
3. Name of Contractor: \_\_\_\_\_ Contractor TQ# \_\_\_\_\_
4. Contractor Phone: (    ) \_\_\_\_\_ Contractor Email: \_\_\_\_\_
5. Class of Work:  New     Renovation
6. Plumbing Fixtures To Be Installed Or Repaired:

1	Toilets		6	Floor Drains		11	G. Traps	
2	Bath or Showers		7	Hot Water Tanks		12	Other	
3	Lavatories		8	Auto Washers				
4	Sinks		9	Urinals				
5	Laundry Trays		10	Sumps				

**Total Number of Fixtures:** \_\_\_\_\_

**Declaration:**

I HEREBY AGREE to indemnify and keep harmless the City of Fort St. John and its employees against all claims, liabilities, judgments, costs and expenses of whatsoever kind which may in any way occur against the said City and its employees in consequence of and incidental to, the granting of this permit, if issued, and I further agree to conform to all requirements of the building Bylaw and all other statutes and Bylaws in force in the City of Fort St. John.

Signature of Owner/ Authorized Agent: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

<b>Legal Description:</b>		<b>Roll Number</b>
Lot	Bk	Plan
<b>Plumbing Permit Fee:</b>		
<b>Total Number of Fixtures</b> x \$5.00 + \$50.00 = \$		
<b>Plumbing Permit Approved by:</b>	<b>Date Approved:</b>	<b>Plumbing Permit No.:</b>



# Water Turn On/Off Application

Request 72 hours in advance for service Monday to Friday 8am- 5pm

Date: \_\_\_\_\_

## Owner Information

Owner(s)		Address:			
First and Last Name		Street Address	City	Prov	Postal Code
Home Phone	Cellular	Fax	Email		

## Property Information

Civic Address of Subject Property	Legal Description of Subject Property		
Street Address	Lot:	Block:	Plan:
	Roll Number:		

## Services Requested

Service Type	"X"		New Service	Existing Service	Number of Units	Mainline Isolation Required? *24 hr notice to all residences*
Turn On		Residential				
Turn Off		Commercial				
Off & On		Industrial				
Emergency		Institutional				

Reason for Application: \_\_\_\_\_

**Note: Turn On/Off Requests require a 72 hour notice (excluding weekends and holidays) and Emergency Requests are subject to additional charges.**

## Declaration

I hereby agree to abide by the Water Regulation Bylaw and to pay the fees set out in Schedule E of the said Bylaw.

Signature of Owner/ Applicant	Printed Name of Owner/ Applicant	Phone:
		Date:

## Office Use Only

Connection Approval: _____ / ____ / ____ <small>Day Month Year</small>		<table border="1"> <thead> <tr> <th>Fees</th> <th>Circle</th> <th rowspan="5">Payment Details/ Stamp</th> </tr> </thead> <tbody> <tr> <td>Turn On</td> <td><b>\$45</b></td> </tr> <tr> <td>Turn Off</td> <td><b>\$45</b></td> </tr> <tr> <td>Emergency</td> <td><b>\$250</b></td> </tr> <tr> <td>On Demand</td> <td><b>\$250</b></td> </tr> </tbody> </table>	Fees	Circle	Payment Details/ Stamp	Turn On	<b>\$45</b>	Turn Off	<b>\$45</b>	Emergency	<b>\$250</b>	On Demand	<b>\$250</b>
Fees	Circle		Payment Details/ Stamp										
Turn On	<b>\$45</b>												
Turn Off	<b>\$45</b>												
Emergency	<b>\$250</b>												
On Demand	<b>\$250</b>												
Meter Installation Approval:													
Date On: ____ / ____ / ____      Date Off: ____ / ____ / ____ <small>Day Month Year Day Month Year</small>													
Completed by:													
Utility Account No.													
Receipt No. _____		Fees pursuant to Schedule E of the Water Regulation Bylaw and its amendments											

# 2 HEAT LOSS

## Heat Load Worksheet Square Foot Method

Date \_\_\_\_\_ Job # \_\_\_\_\_  
 Job address \_\_\_\_\_  
 \_\_\_\_\_  
 Completed by \_\_\_\_\_

**STEP 1: Calculate Dwelling Heat Load =**

\_\_\_\_\_ sq.ft. X \_\_\_\_\_ BTUH/sq. ft. = \_\_\_\_\_ BTUH **A**  
 (Total heated floor area) (Dwelling Heat Load Factor)

**STEP 2: If home has a heated crawlspace, calculate Crawlspace Heat Load =**

\_\_\_\_\_ sq.ft. X \_\_\_\_\_ BTUH/ sq. ft. = \_\_\_\_\_ BTUH **B**  
 (Total heated area of crawlspace) (Crawlspace Heat Load Factor)

**STEP 3: Base Heat Load @ 55°F DTD (Box A + Box B = Box C) = \_\_\_\_\_ BTUH **C****

**STEP 4: Multiply Base Heat Load (Box C) by Regional Temperature Adjustment (RTA) factor from Design Temperature Chart. X \_\_\_\_\_ **D****

**STEP 5: Regionally Adjusted Base Heat Load (Box C X Box D = Box E) = \_\_\_\_\_ BTUH **E****

**STEP 6: Add thermostat Setback Pick-up factor of 10%.  
 0.10 X \_\_\_\_\_ BTUH in Box E = \_\_\_\_\_ BTUH **F****

**STEP 7: If Dwelling heated with hot-water appliance, skip STEP 8; proceed to STEP 9.**

**STEP 8: Add heat load due to outdoor air brought in for combustion (B149.1 & .2) with 4" Ø duct and directly connected to R.A. Plenum  
 Add 3000 BTUH times RTA factor (Box D) = 3000 BTUH X \_\_\_\_\_ = \_\_\_\_\_ BTUH **G****

**STEP 9: Add Box E + F + G = \_\_\_\_\_ BTUH **H****  
**Total BTUH for Appliance Selection**

For use with Step 1

DWELLING HEAT LOAD FACTOR Btuh/sq.ft. @ 55°F DTD			
Dwelling Type—Duct location	ACH Rate		
	.5	.75	1
All HEATED areas including basement Ducts in conditioned space	14	16	18
All HEATED areas over heated crawlspace—Ducts in conditioned space	15	17	19
All HEATED areas slab-on-grade construction—Ducts in conditioned space	17	19	21
Ducts or piping in unconditioned space or in concrete slab	19	21	23

For use with Step 2

CRAWLSPACE HEAT LOAD FACTOR Btuh/sq.ft. @ 55°F DTD			
Crawlspace Height	ACH Rate		
	.5	.75	1
2'	5	6	7
3'	7	8	9
4'	8	9	10
5'	10	11	12

**ACH Rates for standard, new construction:**

Use .5 ACH for dwelling in unexposed site. Use .75 ACH in moderately exposed site. Use 1 ACH in exposed site.

# 1 Ventilation Checklist 1—Forced Air Systems SENTENCE 9.32.3.4(2)

Use this Checklist where **forced air heating system ducts intake and distribute** ventilation air.

Civic Address _____		Permit No. _____	
Climate Zone: _____	Number of Bedrooms <input style="width: 50px;" type="text"/>	(A)	A bedroom is a room with an openable window (minimum dimensions apply), a closet and a closing interior door.
	Total Floor area of living space <input style="width: 50px;" type="text"/> ft <sup>2</sup>	(B)	
	Total Interior Volume of Dwelling <input style="width: 50px;" type="text"/> ft <sup>3</sup>		Total volume includes all heated interior spaces (including crawlspace if heated).
.5 ACH (air changes/hr) = Volume x 0.5 ÷ 60 = <input style="width: 50px;" type="text"/> cfm		(C)	Exhaust appliances exceeding .5 ACH may require make-up air.

### 1. Principal Ventilation System Exhaust Fan Minimum Air-flow Rate

Use the bedroom count from Box (A) and Total square footage from Box (B) above and Table 9.32.3.5. to determine

**Minimum Required Principal Exhaust System Capacity**  cfm (D)

### 2. Principal System Fan Choice

a) Exhaust Fan continuous running Make \_\_\_\_\_ Model \_\_\_\_\_ Sone Rating \_\_\_\_\_

Location: \_\_\_\_\_ **Capacity at 0.2 ESP**  cfm (E) Must be ≥ than Box (D)  
If CEV, capacity @0.4ESP

### 3. Fan Duct Size and Equivalent Length

a) Installed Equivalent Length:  
Length of duct \_\_\_\_\_ ft + Ext. hood **30 ft** + ( \_\_\_\_\_ # elbows at 10 ft each = \_\_\_\_\_ ) =  ft (F)

b) Choose type of duct: Flex duct  or Rigid (smooth) duct

c) Duct size required to flow Box E cfm through Box F equivalent length of duct =  in Ø  
Use Table 9.32.3.8 (3) to determine duct size.

### 4. Required Kitchen and Bathroom Exhaust Fans: Re-list below if Principal Exhaust Fan meets all or part of Kitchen/Bathroom spot Exhaust requirements.

ROOM	REQUIRED EXHAUST RATE Table 9.32.3.6	EXHAUST EQUIPMENT						Principal System CFM	
		Spot Exhaust Kitchen & Bath WALL/CEILING FANS							Ex.Fan/CEV
		Fan Make & Model	CFM @ 0.2 ESP Manf. Rated	*Duct Sizing per Table 9.32.3.8.(3)		Max. Equiv. Length per table	Installed Equiv. Length		
rigid	flex								
* For fan capacities <b>exceeding</b> 175cfm in Table 9.32.3.8(3), follow manufacturer's installation instructions or use good engineering practice to size duct. See <i>Ventilation Guidelines</i> Appendix page 16-A, <i>Duct Sizing for Larger Fans</i> .							TOTAL (must = Box E)		

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**Removed reference to RADON in Make-up Air Requirements**

**5. Fresh Air must be ducted from outside to Return Air of Forced Air Heating for distribution.**

- a) Ventilation air duct is connected not more than 15ft, nor less than 10ft upstream of the heating appliance, unless a flow control device is used.
- b) Duct Size for Fresh Air intake to RA. Choose one.
  - Rigid Duct: 4" Ø minimum, must be insulated & vapour barriered for full length, OR
  - Flex Duct: 5"Ø minimum, must be insulated & vapour barriered for full length.
- c) *Furnace fan continuous operation.*

**6. Forced Air Heating System is ducted to supply air to every bedroom and any level without a bedroom.**

**7. If Heated Crawlspace present, (Choose one)**

- Minimum of one RA grille located in the crawlspace, OR
- No RA grille in crawlspace, choose ventilation Option 1, 2, or 3 per sentence 9.32.3.7 (2)

**MAKE-UP AIR Requirements**

**1. NAFFVA (Naturally Aspirated Fuel Fired Vented Appliance) present in dwelling unit? (per Sentence 9.32.4.1)**

- No, Omit Steps 2 & 3
- Yes, Proceed to Step 2

**2. Exhaust Appliance present which exceeds Box C 0.5 ACH:**

- No such appliance. Omit Step 3
- Yes, Commit to Depressurization Test (See CAUTION, TECA Vent Manual pg 24)
- Yes, Proceed to Step 3

**3. Use Active Make-up Air for Exhaust Appliance. (Choose a or b)**

**Make-up Air Fan required:**

Fan Make \_\_\_\_\_ Model \_\_\_\_\_ Exhaust Appliance Actual Installed Cfm \_\_\_\_\_  
 Make-up Air Fan Cfm \_\_\_\_\_  
 Duct diameter \_\_\_\_\_ inches Fan Location \_\_\_\_\_

- Fan interconnected with exhaust appliance fan. Fan ducted to \_\_\_\_\_

**a) Active Make-up Air delivered to an Unoccupied Area first (not directly to room containing the appliance).**

**i) Tempering Required per 9.32.4.1.(4)(a):**

Show calculation how make-up air will be tempered to at least 34°F (1°C) before entering unoccupied area.

$$\frac{\text{Make-up Fan cfm} \times 1.08 \times (34^\circ \text{F} - \text{Winter Design Temp your location})}{3412 \text{ BTUH/kw}} = \text{Duct Heater (kw)}$$

**ii) Transfer Grill Required: Size 1 sq in of gross area per 2 cfm: Transfer grill size \_\_\_\_\_ sq. in. Location \_\_\_\_\_**

**iii) Additional Tempering Required per 9.32.4.1.(4)(b) before transfer to occupied area: Show calculation and describe how make-up air will be further tempered to at least 54°F (12°C).**

$$\frac{\text{Make-up Fan cfm} \times 1.08 \times (54^\circ \text{F} - 34^\circ \text{F})}{3412 \text{ BTUH/kw}} = \text{Heat from unoccupied area required to raise temp by } 20^\circ \text{F}$$

Tempered by: \_\_\_\_\_

**OR b) Active Make-up Air delivered to an Occupied Area: Tempering Required.** Show calculation how make-up air will be tempered to at least 54°F (12°C).

$$\frac{\text{Make-up Fan cfm} \times 1.08 \times (54^\circ \text{F} - \text{Winter Design Temp your location})}{3412 \text{ BTUH/kw}} = \text{Duct Heater (kw)}$$

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**Installer Certification:**

I hereby certify that the design and installation of the ventilation system complies with the 2012 B.C. Building Code, 2014 Section 9.32 Amendment.

**2012 TECA Ventilation Certification Stamp**



Date \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Company \_\_\_\_\_  
 Phone \_\_\_\_\_

Checklist 1, page2of2



**Removed reference to RADON in Make-up Air Requirements**

**6. HRV Fresh Air Distribution** (Choose a or b)

**a) Supply Air from HRV direct connect to Return Air of a Forced Air Heating System:**

- FA system fan and HRV fan continuous operation and
- FA system ducted to supply air to every bedroom and each floor level without a bedroom

**b) Supply Air from HRV distributed independently**

- Ducted to every bedroom and each floor level without a bedroom and
- HRV fan continuous operation

**7. If Heated Crawlspace present,** (Choose one)

- Minimum of one Forced Air System RA grille located in the crawlspace, OR
- No RA grille in crawlspace, choose ventilation Option 1, 2, or 3 per sentence 9.32.3.7 (2)

**MAKE-UP AIR Requirements**

**1. NAFFVA** (Naturally Aspirated Fuel Fired Vented Appliance) **present in dwelling unit?** (per Sentence 9.32.4.1)

- No, Omit Steps 2 & 3
- Yes, Proceed to Step 2

**2. Exhaust Appliance present which exceeds Box C 0.5 ACH:**

- No such appliance. Omit Step 3
- Yes, Commit to Depressurization Test (See CAUTION, TECA Vent Manual pg 24)
- Yes, Proceed to Step 3

**3. Use Active Make-up Air for Exhaust Appliance.** (Choose a or b)

**Make-up Air Fan required:** Exhaust Appliance Actual Installed Cfm \_\_\_\_\_

Fan Make \_\_\_\_\_ Model \_\_\_\_\_ Make-up Air Fan Cfm \_\_\_\_\_

Duct diameter \_\_\_\_\_ inches Fan Location \_\_\_\_\_

Fan interconnected with exhaust appliance fan. Fan ducted to \_\_\_\_\_

**a) Active Make-up Air delivered to an Unoccupied Area first** (not directly to room containing the appliance).

i) Tempering Required per 9.32.4.1.(4)(a):

Show calculation how make-up air will be tempered to at least 34°F (1°C) before entering unoccupied area.

$$\frac{\text{Make-up Fan cfm} \times 1.08 \times (34^\circ \text{ F} - \text{Winter Design Temp your location})}{3412 \text{ BTUH/kw}} = \text{Duct Heater (kw)}$$

ii) Transfer Grill Required: Size 1 sq in of gross area per 2 cfm: Transfer grill size \_\_\_\_\_ sq. in. Location \_\_\_\_\_

iii) Additional Tempering Required per 9.32.4.1.(4)(b) before transfer to occupied area: Show calculation and **describe how make-up air will be further tempered** to at least 54°F (12°C).

$$\frac{\text{Make-up Fan cfm} \times 1.08 \times (54^\circ \text{ F} - 34^\circ \text{ F})}{3412 \text{ BTUH/kw}} = \text{(kw) Heat from unoccupied area required to raise temp by } 20^\circ \text{ F}$$

Tempered by: \_\_\_\_\_

**OR b) Active Make-up Air delivered to an Occupied Area: Tempering Required.** Show calculation how make-up air will be tempered to at least 54°F (12°C).

$$\frac{\text{Make-up Fan cfm} \times 1.08 \times (54^\circ \text{ F} - \text{Winter Design Temp your location})}{3412 \text{ BTUH/kw}} = \text{Duct Heater (kw)}$$

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**Installer Certification:**

I hereby certify that the design and installation of the ventilation system complies with the 2012 B.C. Building Code, 2014 Section 9.32 Amendment.

Date \_\_\_\_\_

Print Name \_\_\_\_\_

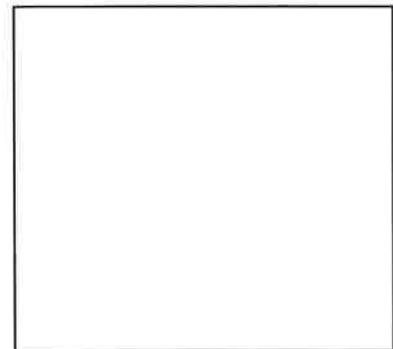
Signature \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_

Checklist 2, pg2of2

**2012 TECA Ventilation Certification Stamp**



# 3

## Ventilation Checklist 3—Distributed CRV Systems SENTENCE 9.32.3.4(5)

Use this Checklist when a ducted Central Recirculating Ventilator (CRV) is used to meet the fresh air intake and distribution requirements and a Principal Exhaust fan meets the exhaust requirements.

Civic Address _____		Permit No. _____	
Climate Zone: _____	Number of Bedrooms	<input type="text"/>	(A) A bedroom is a room with an openable window (minimum dimensions apply), a closet and a closing interior door.
	Total Floor area of living space	<input type="text"/> ft <sup>2</sup>	(B)
	Total Interior Volume of Dwelling	<input type="text"/> ft <sup>3</sup>	Total volume includes all heated interior spaces (including crawlspace if heated).
.5 ACH (air changes/hr) = Volume x 0.5 ÷ 60 =		<input type="text"/> cfm	(C) Exhaust appliances exceeding .5 ACH may require make-up air.

### 1. Principal Ventilation System Exhaust Fan Minimum Air-flow Rate

Use the bedroom count from Box (A) and Total square footage from Box (B) above and Table 9.32.3.5. to determine

**Minimum Required Principal Exhaust System Capacity**  cfm (D)

### 2. Principal System Fan Choice

a) Exhaust Fan continuous running Make \_\_\_\_\_ Model \_\_\_\_\_ Sone Rating \_\_\_\_\_

Location: \_\_\_\_\_ **Capacity at 0.2 ESP**  cfm (E) Must be ≥ than Box (D)  
If CEV, capacity @0.4ESP

### 3. Fan Duct Size and Equivalent Length

a) Installed Equivalent Length:  
Length of duct \_\_\_\_\_ ft + Ext. hood **30 ft** + ( \_\_\_\_\_ # elbows at 10 ft each = \_\_\_\_\_ ) =  ft (F)

b) Choose type of duct: Flex duct  or Rigid (smooth) duct

c) Duct size required to flow Box E cfm through Box F equivalent length of duct =  in Ø  
Use Table 9.32.3.8 (3) to determine duct size.

### 4. Required Kitchen and Bathroom Exhaust Fans: Re-list below if Principal Exhaust Fan meets all or part of Kitchen/Bathroom spot Exhaust requirements.

ROOM	REQUIRED EXHAUST RATE Table 9.32.3.6	EXHAUST EQUIPMENT						Ex.Fan/CEV Principal System CFM
		Spot Exhaust Kitchen & Bath WALL/CEILING FANS						
		Fan Make & Model	CFM @ 0.2 ESP Manf. Rated	*Duct Sizing per Table 9.32.3.8.(3)		Max. Equiv. Length per table	Installed Equiv. Length	
rigid	flex							

\* For fan capacities exceeding 175cfm in Table 9.32.3.8(3), follow manufacturer's installation instructions or use good engineering practice to size duct. See Ventilation

TOTAL (must = Box E)

# 4 Ventilation Checklist 4—Exhaust Fan & Passive Inlets SENTENCE 9.32.3.4(6)

Use this checklist for small ( $\leq 1800$  sqft), single level, **non-forced air** heated dwellings located in *mild coastal & moderate interior climates where winter design temperature is warmer than  $-4^{\circ}F$ .*

Civic Address _____		Permit No. _____	
Climate Zone: _____	Number of Bedrooms	<input type="text"/>	(A) A bedroom is a room with an openable window (minimum dimensions apply), a closet and a closing interior door.
	Total Floor area of living space	<input type="text"/> ft <sup>2</sup>	(B)
	Total Interior Volume of Dwelling	<input type="text"/> ft <sup>3</sup>	Total volume includes all heated interior spaces (including crawlspace if heated).
.5 ACH (air changes/hr) = Volume x 0.5 ÷ 60 =		<input type="text"/> cfm	(C) Exhaust appliances exceeding .5 ACH may require make-up air.

### 1. Principal Ventilation System Exhaust Fan Minimum Air-flow Rate

Use the bedroom count from Box (A) and Total square footage from Box (B) above and Table 9.32.3.5. to determine

**Minimum Required Prinicipal Exhaust System Capacity**  cfm (D)

### 2. Principal System Fan Choice

a) Exhaust Fan continuous running Make \_\_\_\_\_ Model \_\_\_\_\_ Sone Rating \_\_\_\_\_

Location: \_\_\_\_\_ **Capacity at 0.2 ESP**  cfm (E) Must be  $\geq$  than Box (D)  
 If CEV, capacity @0.4ESP

### 3. Fan Duct Size and Equivalent Length

a) Installed Equivalent Length:  
 Length of duct \_\_\_\_\_ft + Ext. hood **30 ft** + ( \_\_\_\_\_# elbows at 10 ft each = \_\_\_\_\_) =  ft (F)

b) Choose type of duct: Flex duct  or Rigid (smooth) duct

c) Duct size required to flow Box E cfm through Box F equivalent length of duct =  in  $\varnothing$   
 Use Table 9.32.3.8 (3) to determine duct size.

### 4. Required Kitchen and Bathroom Exhaust Fans: Re-list below if Principal Exhaust Fan meets all or part of Kitchen/Bathroom spot Exhaust requirements.

ROOM	REQUIRED EXHAUST RATE Table 9.32.3.6	EXHAUST EQUIPMENT						Principal System CFM
		Spot Exhaust Kitchen & Bath WALL/CEILING FANS					Ex.Fan/CEV	
		Fan Make & Model	CFM @ 0.2 ESP Manf. Rated	*Duct Sizing per Table 9.32.3.8.(3)		Max. Equiv. Length per table		
		rigid	flex					

\* For fan capacities **exceeding** 175cfm in Table 9.32.3.8(3), follow manufacturer's installation instructions or use good engineering practice to size duct. See *Ventilation Guidelines* Appendix page 16-A, *Duct Sizing for Larger Fans*.

TOTAL (must = Box E)

**Removed reference to RADON in Make-up Air Requirements**

**5. Required Inlets for passive Ventilation Air Supply**

- a) High wall installation (minimum 6 ft above floor)
- b) Located in each bedroom and at least one common area
- c) Inlet Free Area greater than or equal to 4 Sq In

**6. If Heated Crawlspace present**

- Choose ventilation option 1, 2, or 3 per sentence 9.32.3.7 (2).

**MAKE-UP AIR Requirements**

**1. NAFFVA (Naturally Aspirated Fuel Fired Vented Appliance) present in dwelling unit? (per Sentence 9.32.4.1)**

- No, Omit Steps 2 & 3
- Yes, Proceed to Step 2

**2. Exhaust Appliance present which exceeds Box C 0.5 ACH:**

- No such appliance. Omit Step 3
- Yes, Commit to Depressurization Test (See CAUTION, TECA Vent Manual pg 24)
- Yes, Proceed to Step 3

**3. Use Active Make-up Air for Exhaust Appliance. (Choose a or b)**

**Make-up Air Fan required:**

Fan Make \_\_\_\_\_ Model \_\_\_\_\_ Exhaust Appliance Actual Installed Cfm \_\_\_\_\_  
 Make-up Air Fan Cfm \_\_\_\_\_  
 Duct diameter \_\_\_\_\_ inches Fan Location \_\_\_\_\_

- Fan interconnected with exhaust appliance fan. Fan ducted to \_\_\_\_\_

**a) Active Make-up Air delivered to an Unoccupied Area first (not directly to room containing the appliance).**

**i) Tempering Required per 9.32.4.1.(4)(a):**

Show calculation how make-up air will be tempered to at least 34°F (1°C) before entering unoccupied area.

$$\frac{\text{Make-up Fan cfm} \times 1.08 \times (34^\circ \text{F} - \text{Winter Design Temp your location})}{3412 \text{ BTUH/kw}} = \text{Duct Heater (kw)}$$

**ii) Transfer Grill Required: Size 1 sq in of gross area per 2 cfm: Transfer grill size \_\_\_\_\_ sq. in. Location \_\_\_\_\_**

**iii) Additional Tempering Required per 9.32.4.1.(4)(b) before transfer to occupied area: Show calculation and describe how make-up air will be further tempered to at least 54°F (12°C).**

$$\frac{\text{Make-up Fan cfm} \times 1.08 \times (54^\circ \text{F} - 34^\circ \text{F})}{3412 \text{ BTUH/kw}} = \text{Heat from unoccupied area required to raise temp by } 20^\circ \text{F}$$

Tempered by: \_\_\_\_\_

**OR b) Active Make-up Air delivered to an Occupied Area: Tempering Required.** Show calculation how make-up air will be tempered to at least 54°F (12°C).

$$\frac{\text{Make-up Fan cfm} \times 1.08 \times (54^\circ \text{F} - \text{Winter Design Temp your location})}{3412 \text{ BTUH/kw}} = \text{Duct Heater (kw)}$$

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**Installer Certification:**

I hereby certify that the design and installation of the ventilation system complies with the 2012 B.C. Building Code, 2014 Section 9.32 Amendment.

Date \_\_\_\_\_

Print Name \_\_\_\_\_

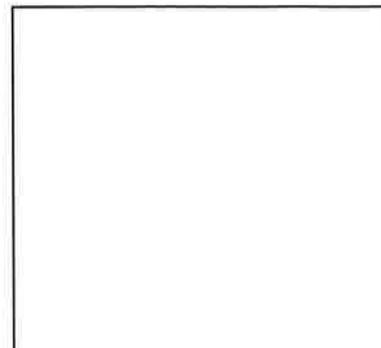
Signature \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_

Checklist 4, pg2 of 2

**2012 TECA Ventilation Certification Stamp**





## SECONDARY SUITE LETTER OF UNDERSTANDING

City of Fort St. John  
As Per Zoning Bylaw No. 2470,2019  
And the BC Building Code

**“SECONDARY SUITE”** means a self-contained dwelling unit located within a building or portion of a building. Completely separated from other parts of the building by a vertical fire separation that has a fire- resistance rating of not less than 1 h and extends from the ground or lowermost assembly continuously through or adjacent to all storeys and spaces including service spaces of the separated portions. Of only residential occupancy that contains only one other dwelling unit and common spaces, and Where both dwelling units constitute a single real estate entity.

**As per the City Zoning Bylaw**, secondary suites are only permitted within a single detached dwelling in an R2, RM1 and RM2 zone and must comply with the current zoning bylaw and the BC Building Code.

Note: It is the Applicants’ responsibility to obtain a current copy of the City’s Zoning Bylaw and the BC Building Code.

**I have read the referenced bylaws and understand that secondary suites are not permitted in my development zoned area. I will not be installing any plumbing, electrical or any other utility that could accommodate a secondary suite at the following location:**

Civic Address \_\_\_\_\_ Parcel Identifier (PID) \_\_\_\_\_

Lot/ Parcel \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_ Roll No. \_\_\_\_\_

Present Zoning \_\_\_\_\_ Official Community Plan Map Designation \_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_,20\_\_\_\_\_

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Please Print Name



THE CITY OF FORT ST. JOHN  
BUILDING Amendment BYLAW NO. 2431, 2018

Schedule A

**SCHEDULE E**

**DAMAGE DEPOSIT**

\_\_\_\_\_ **Civic Address of Property:**

\_\_\_\_\_ **Building Permit No.**

Before issuance of a Building Permit, which proposes construction on lands adjacent to municipal property, the Owner shall provide to the City of Fort St. John, this form as a signed acknowledgement and shall deposit with the City, a security in the amount **\$5,000.00** (five thousand dollars) in the form of cash, certified cheque, or an irrevocable and unconditional automatically renewing standby letter of credit, against costs of repairs for all municipal roads, works, or property damaged in any way through the construction described in the said Building Permit.

The security shall be returned, less any repair costs incurred, upon issuance of an Occupancy Permit for the related Building Permit or where the Building Permit has been cancelled, and upon confirmation that municipal property has not been damaged or, if damage has occurred, that it has been fully and satisfactorily repaired. **The Damage Deposit will be refunded to the Owner or Agent that submitted the deposit. The Damage Deposit will not be refunded when there is snow on the ground.**

As per Section 26 of the City of Fort St. John's Building Bylaw, every Owner to whom a permit is issued is responsible for the cost of repair(s) to damage to any municipal property that occurs during construction as authorized by that permit. Upon receipt of written notice from the City of damage or deficiencies to municipal property, the City shall undertake the repair(s) of the said property. The City will then deduct the cost incurred from the Damage Deposit. If the cost of repairs to municipal property is greater than the Damage Deposit provided, the Owner shall pay the amount of the insufficiency to the City forthwith upon receipt of the City's invoice for that amount.

**The Damage Deposit in the sum of \$5,000.00 (five thousand dollars) was submitted to the City on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by: (please check one of the boxes below)**

**the Owner**

**the Authorized Agent**

\_\_\_\_\_  
Owner / Agent Signature

\_\_\_\_\_  
Owner / Agent Name (Please Print)

\_\_\_\_\_  
Owner/ Agent Mailing Address

\_\_\_\_\_  
Owner/ Agent Email Address

(\_\_\_\_\_)\_\_\_\_\_  
Owner/ Agent Phone Number

**For Office Use Only:**

**Damage Deposit Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SCHEDULE F**

**LANDSCAPING AND PAVING DEPOSIT**

<b>Civic Address of Property:</b>	<b>Building Permit No.</b>
Deposit Breakdown:     \$ _____	\$ _____
Landscaping	Paving
	\$ _____
	<b>Deposit Total</b>

Before issuance of a Building Permit, the Owner shall provide to the City of Fort St. John, this form as a signed acknowledgement and shall deposit with the City, a security in the total amount of landscaping and paving costs calculated above, in the form of cash, certified cheque or an irrevocable and unconditional automatically renewing standby letter of credit against the cost of landscaping and paving for the property addressed above, as described in the City's Building Bylaw.

The security shall be returned, less any costs incurred upon completion of the landscaping and paving for the related Building Permit or where the Building Permit has been cancelled and upon confirmation that no work has been started on the above property. The landscaping and paving deposit will not be refunded when there is snow on the ground. The deposit will be refunded to the *Owner* or Agent who originally submitted the funds.

In the event that the landscaping and paving required is not undertaken and approved by the City of Fort St. John **by this date** \_\_\_\_\_, the City of Fort St. John shall serve written notice to the registered Owner of intent to undertake the landscaping and/or paving, and will complete the landscaping and/or paving according to the Landscape and Site Plan and deduct the costs incurred from the landscape and paving deposit as pursuant to the City Building Bylaw.

In the event that there are insufficient monies included in the landscaping and paving deposit provided from the Owner, the Owner shall pay the amount of the insufficiency to the City of Fort St. John forthwith upon the receipt of the City's invoice for that amount, whether or not the City has completed or will complete the remainder of the paving and/or landscaping to be completed as per Section 26.2.3 of the City's Building Bylaw.

The landscaping and paving deposit in the sum of \$ \_\_\_\_\_ was submitted to the City on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by: (please check one of the boxes below)

the Owner                       the Authorized Agent

Owner/ Agent Signature	Owner/ Agent Name (Please Print)
------------------------	----------------------------------

**For Office Use Only:**

Deposit Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_



THE CITY OF FORT ST. JOHN  
DEVELOPMENT COST CHARGES  
BYLAW NO.2402, 2017

### Development Cost Charges

Date: \_\_\_\_\_

Civic Address of Property \_\_\_\_\_

Building Permit No. \_\_\_\_\_

**Deposit of Breakdown:**

\$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_  
 Water DCCs      Sewer DCCs      Transportation DCCs      Drainage DCCs      Parks DCCs

\$ \_\_\_\_\_

**Deposit Total**

**Development Cost Charges:**

The following development cost charges apply to development throughout the entire City.

Land Use	Water	Sewer	Transportation	Drainage	Parks	Total	Applicable Charge
Single Family Residential (per parcel)	\$3010	\$2470	\$1103	\$678	\$2114	\$9375	
Duplex Residential (per dwelling unit)	\$3010	\$2470	\$1103	\$678	\$2114	\$9375	
Multi-Family Residential (per dwelling unit)	\$2150	\$1764	\$713	\$366	\$1510	\$6503	
Commercial (per m <sup>2</sup> gross floor area)	\$10.75	\$8.82	\$15.13	\$2.17	\$0.00	\$36.87	
Industrial (per m <sup>2</sup> gross floor area)	\$13.97	\$11.47	\$7.57	\$2.17	\$0.00	\$35.18	
Institutional (per m <sup>2</sup> gross floor area)	\$9.67	\$7.94	\$19.46	\$2.03	\$0.00	\$39.10	

**For Office Use Only:**

<b>Legal Description:</b>	<b>Roll Number:</b>
Lot      BK      Plan	
<b>Deposit Received By:</b> _____	<b>Date:</b> _____
<b>Work Completion Date Approved By:</b> _____	



**School Site Acquisition Charges**  
Effective July 28, 2014

Date: \_\_\_\_\_

\_\_\_\_\_

Civic Address of Property

\_\_\_\_\_

Building Permit No.

Deposit of Breakdown: \$ \_\_\_\_\_  
SSAC

**School Site Acquisition Charges**

The following school site acquisition charges apply to residential development throughout the entire City.

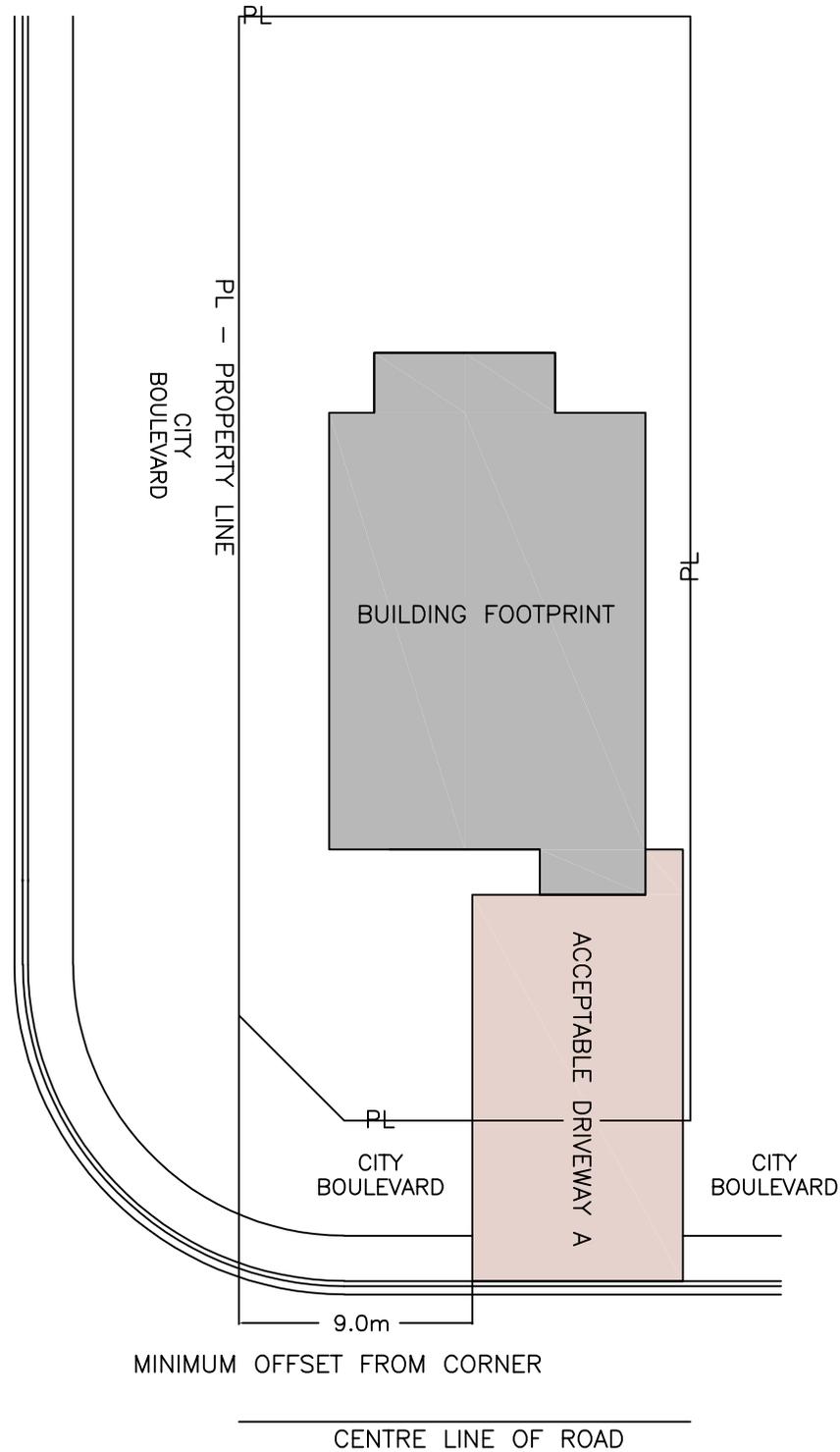
Density	Unit Charge	# of Units	Total Charge
Low (less than 21 units/ha)	\$1000.00		
Medium low (21 to 50 new units/ha)	\$900.00		
Medium (51 to 125 new units/ha)	\$800.00		
Medium high (126 to 200 new units/ha)	\$700.00		
High (more than 200 new units/ha)	\$600.00		

For Office Use Only:

Deposit Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Account Numbers: SSAC 01-10-133-705

Work Completion Date Approved By: \_\_\_\_\_



**DRIVEWAY OFFSET FROM  
CORNER LOT  
LOCAL ROAD ONLY EXAMPLE**

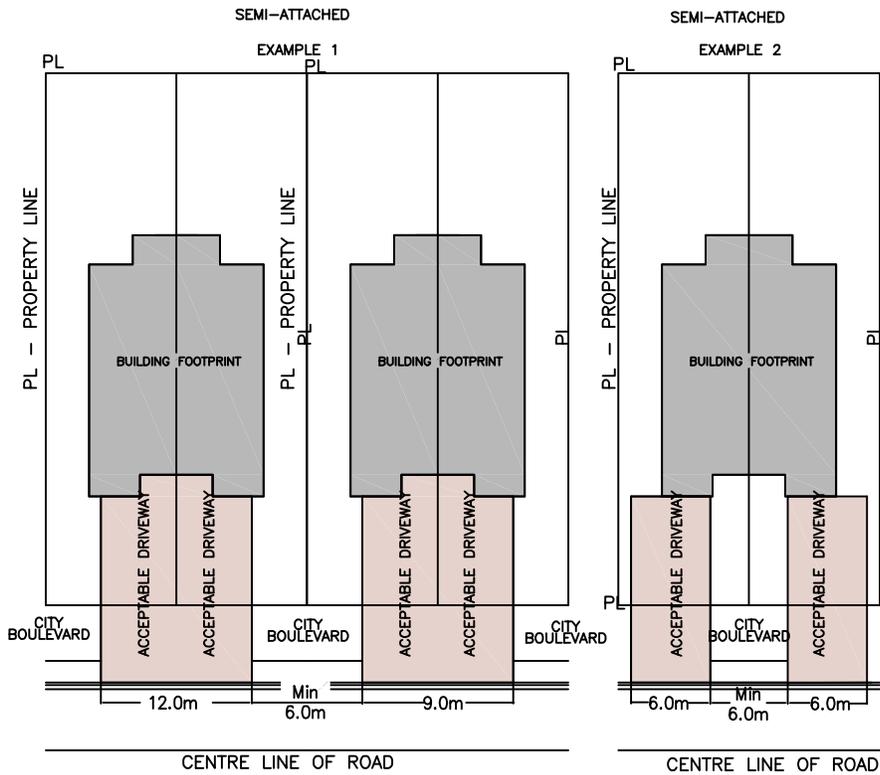
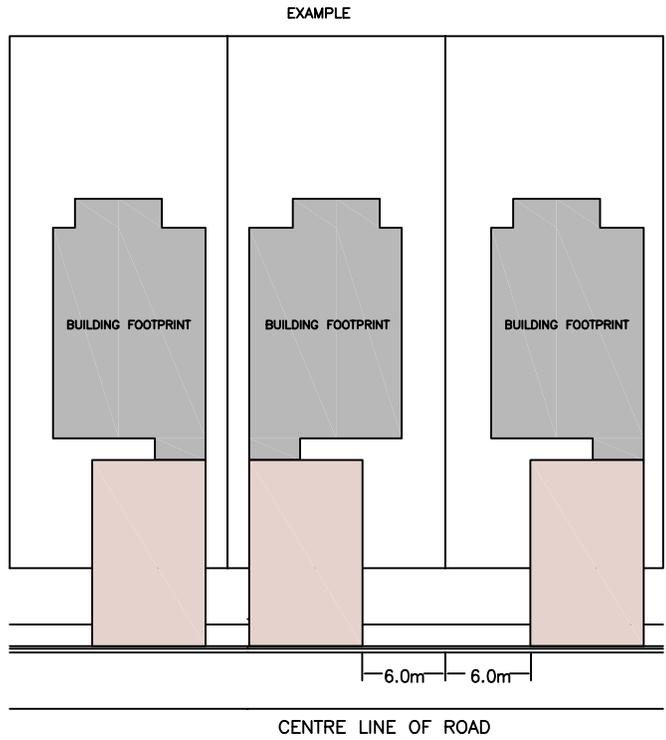
FIGURE

B.1

SCALE:  
NOT TO SCALE

SCHEDULE B

NOTE: SEE OPEN SPACE  
 REQUIREMENTS IN ZONING BYLAW



**DRIVEWAY SPACING FOR  
 ON-STREET PARKING -  
 EXAMPLES**

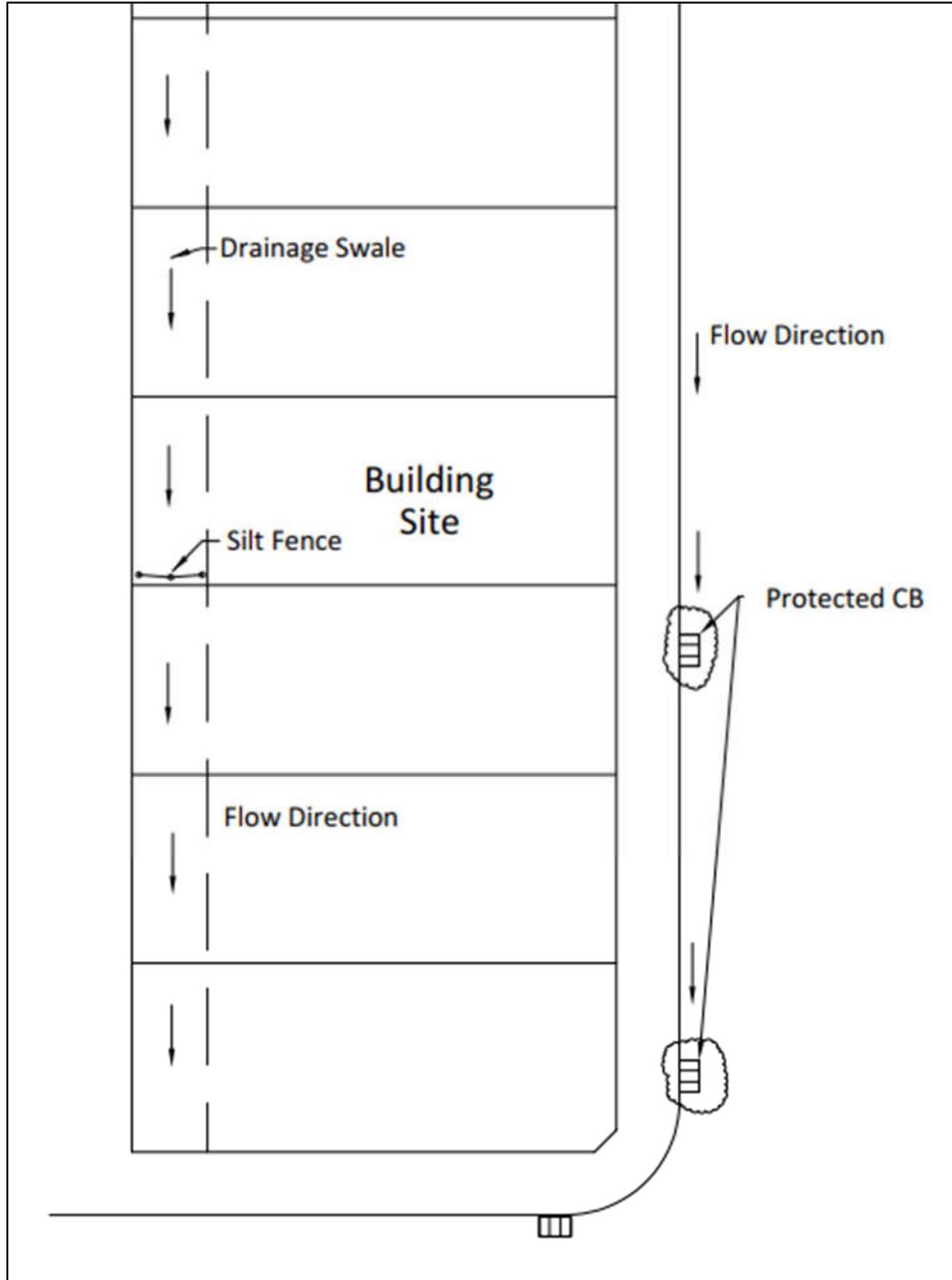
SCALE:  
 NOT TO SCALE

FIGURE  
 B.2

SCHEDULE B

**H - 1.0 GENERAL**

**FIGURE H.1**  
**SAMPLE EROSION AND SEDIMENT CONTROL SKETCH**  
**PARCELS LESS THAN 2000m<sup>2</sup>**





## **BC Energy Step Code requirements**

On May 1<sup>st</sup> 2023, the BC Building Code will require that all new builds must be 20 per cent more energy-efficient than the base building code requirements today, which is Step 3 for Part 9 buildings, and Step 2 for Part 3 buildings.

### **Achieving Step Code compliance**

Steps you can take to meet BC Energy Step Code requirements

1. The builder works with an energy advisor from the design phase to create a model (energy efficiency target) for the new build.
2. Energy Advisor provides a standardized “pre-built” report that is to be submitted at the time of building permit application. - Refer to Part 9 Compliance Tools. Note: the building permit will not be issued without a satisfactory energy model from a qualified third party.
3. The builder and energy advisor stay in communication throughout the build. The energy model is updated with any changes to the design (e.g. window specification updates, mechanical system exchange, insulation level change, etc).
4. Optional but advised: mid-construction blower door test conducted by energy advisor to find any air leaks and allow repair BEFORE seal-up stage.
5. Final inspection and air-tightness test conducted by the energy advisor. The energy advisor submits a standardized “as-built” report to the AHJ following construction and prior to final inspection or occupancy, to verify air tightness and energy performance.
6. An occupancy permit can be issued if the minimum required energy efficiency is achieved, as verified by the energy advisor in the “as-built” report