R.M. of Edenwold No. 158

Email: info@edenwold-sk.ca
Phone: (306) 771-2522
Fax: (306) 347-2970

Building Permit Application

Civic Address:	Subdivision:	Permit Number:
Legal Land Description: Lot _____Block _____Plan_____ Quarter_____ Section_____Township _____Range_____W2M		

Owner:	Address:_____ City/Town _____Postal Code_____	Telephone: Cell:
Building Contractor:	Address:_____ City/Town _____Postal Code_____	Telephone: Cell:

Floor Area:

Ground Floor:	Second Floor:	Basement:	Accessory/Other:
_____ft² or m² (circle one)	_____ft² or m² (circle one)	_____ft² or m² (circle one)	_____ft² or m² (circle one)

Building:

Estimated Value of Construction:	Length:	Width:	Height:
	_____ ft or m (circle one)	_____ ft or m (circle one)	_____ ft or m (circle one)

Read Through and **Initial After Each Statement:**

I have submitted a site plan indicating the location of all property lines, all existing and proposed buildings, the distances between all property lines and the closest wall of the nearest building, the location of all existing and proposed roads and a north arrow to establish the orientation of the site plan. _____

I hereby agree to comply with the Building Bylaw of the municipality and acknowledge that is my responsibility to ensure compliance with the municipal building bylaw, provincial legislation, and the National Building Code of Canada, regardless of any review of drawings or inspections that may or may not be carried out by the inspector._____

It is expressly understood that the municipality requires building inspections to be called for at various stages of construction, as outlined in the building bylaw, and that it is my responsibility to contact the municipal building inspector at the required intervals of construction will result in deductions from the occupancy deposit, in part or in whole, additional inspection fees, the issuance of stop work order, and/ or other action outlined in the municipal building bylaw. _____

I understand that this permit expires six months from the date of issue if work is not commenced within that period, or two years from the date on which the permit was issued; and any deviation, omission or revision to the approved application requires approval of Council, or its authorized representatives._____

I understand that additional inspection fees may be charged for extra inspections, non-scheduled inspections and re-inspections._____

_____	_____	_____
Date of Application	Owner of Authorized Agent (print)	Owner/Agent (sign)

Please plan on applying for a building permit 4 to 6 weeks before construction is set to begin to allow time for our Building Official to review the application.

Residential
Permit Information Form (PIF)

Professional Building Inspections, Inc.
Box 517 Stn. Main
White City, SK S4L5B1
Ph: 306-536-1799
Fax: 306-781-2112
office@pro-inspections.ca

Municipal Office Use Only

Municipality: RM of Edenwold
Development Approved: ☐ Yes ☐ No
Geotech Required: ☐ Yes ☐ No
Municipal Official: _____

Date: _____
PBI Number: 24- _____
Permit Expiry Date: _____
Signature: _____

Information Below To Be Completed By The Applicant

Contact & Email Consent

Building Owner:		**Home Phone:**	
Mailing Address:		**Cell Phone:**	
Email Address Owner:			
Contractor:		**Business:**	
Contact Person:		**Cell Phone:**	
Email Address Contractor:			
Signature:		**Date:**	

* I declare that I am the owner of this property, and I will notify PBI of any email changes if applicable.
* By signing above, I consent to email delivery to all named above of PBI reports and related documents pertaining to this building permit.
* Please note that failure to receive an emailed report or related documents does not release the property owner (s) from their responsibility to comply in all regards with the building standards (Saskatchewan Construction Code Act, Municipal Building Bylaws, and National Building Code of Canada).

*** Note that owners should always include themselves on this form.**

Jobsite Location

Civic Address: _____

Legal Land Location: _____ Lot(s) _____ Block _____ Plane No

or: _____ Quarter Section _____ Township _____ Range _____ Meridian

Description: _____

Subdivision / Landmark: _____

Project Details

*** Please fill in Sections 1a) plus 1b), or just Section 2)**

1a) **Single Family Dwelling** (Select One Permit Type That Best Describes the Dwelling)

☐ New Home ☐ RTM ☐ Post-Move ☐ Modular Home ☐ Duplex Unit

1b) **Select Below ALL that Pertain to this Permit AND are included with the plans submitted to PBI for Review:**

☐ Basement Development ☐ Deck ☐ Attached Garage (Insulated) ☐ Attached Garage (Not Insulated)

2) **Residential Building Project** (Separate Permit is Required for Each Project type)

☐ Addition ☐ Attached Garage ☐ Deck ☐ Basement Development

☐ Renovation ☐ Roof Extension ☐ Sunroom ☐ Secondary Suite

☐ Detached Garage ☐ Accessory Building ☐ Accessory Building w/Living ☐ Pole Building

☐ Boat House ☐ New Foundation ☐ Retaining Wall ☐ Demolition

This document must be submitted to PBI **by the municipal office**

Professional Building Inspections, Inc.

Box 517 Stn. Main
White City, SK S4L5B1
Ph: 306-536-1799
Fax: 306-781-2112
office@pro-inspections.ca

Residential Plan Review Checklist

Project Information

Municipality:		**PBI Number:**	24-
Job Site Address:		**Project Type:**	
Owner's Name:		**Cell Phone:**	

Residential Project Type

REQUIRED for a Plan Review Provide **designs and required documents in PDF format** as indicated by the unshaded boxes for the project (shaded box means not required). A plan review must be completed by PBI before a building permit is issued. E-mail plans and documents in PDF format to the municipal office. *Requirements may vary for unique or larger projects. Please consult with PBI.*	**New Dwelling / Housing Unit**	**RTM / Modular / Post-Move**	**Mobile (Manufactured) Home**	**Addition / Living Space / Sec. Suite**	**Renovation** (structural or egress)	**Basement Development**	**Deck** (not covered or enclosed)	*** Attached Garage** (unheated)	*** Det Garage / Acc. Bldg.** (unheated)	*** Pole Building** (unheated)	**Retaining Wall** (if collapse affects a structure)	**Foundation Replacement**	**Solar Panels** (PV or Hot Water)	**Storage only** - no living space & unheated
Site Plan (e.g. lot size & shape; indicate North; project size on lot, distance to all property lines, indicate what borders each property line, label streets, etc.)						■								
Building Plans (e.g. floor plans, exterior elevations, cross sections, structural details, window & door types, sizes & locations, stair configurations, material lists, specs, etc.)											■		■	
Energy Code Forms (applicable to compliance option, code edition & climate zone)			■			■	■	■	■	■	■		■	
Building Designs stamped by an engineer (project specific for intended use*)	■	■	■	■	■	■	■	■	■		■	■	■	
Foundation Designs stamped by a structural engineer (site specific)			■		■	■	■		■	■			■	
Geotechnical Report (if required by zoning bylaws or engineer recommendation)						■							■	
PBI Specifications sheet (*plus all information requested in the sheets*)	■	■		■				■		■	■	■		
Information Below is Required BEFORE THE FRAMING INSPECTION														
Engineer-stamped roof truss designs & layouts (NBC compliant)		■	■			■	■				■	■		
Engineer-stamped floor truss and/or LVL designs & layouts		■	■			■	■	■	■	■	■	■	■	
Fireplace or Wood Stove Manufacturer Specifications			■				■	■	■	■	■	■	■	
Residential Mechanical Ventilation Design Summary						■	■	■	■	■	■	■	■	

*** Pole Building** (Please detail intended use. Note if vehicles will be repaired in the building, if building is for personal or business use, etc.)

Signature: _____ **Date:** _____

* I declare that I am the owner of this property, and I will notify PBI of any email changes if applicable.
* Please note that failure to receive an emailed report or related documents does not release the property owner (s) from their responsibility to comply in all regards with the building standards (Saskatchewan Construction Code Act, Municipal Building Bylaws, and National Building Code of Canada).

Development Permit Application

100 HUTCHENCE ROAD, EMERALD PARK, SASKATCHEWAN, S4L 1C6 PH: 306-771-2522 FAX: 306-347-2970

DP #	**BP #**
1. To be filled out by the Applicant (Owner):	
Name:	Month Day Year
Street Address:	City/Town Postal Code:
Email:	Phone: - Cell: -
2. Contractor (if applicable):	
Name:	Company Name:
Street Address:	City/Town Postal Code:
Email:	Phone: - Cell: -
3. Legal Land Location for proposed development:	
Civic Address:	Lot: Block: Plan: Ext:
Subdivision:	Quarter: Section: Township: Range: W2M
Registered Plan #:	Certificate of Title #:
4. Existing Use of Land:	Current Zoning:

Agriculture ☐ Residential ☐ Other (Please describe)

Country Residential ☐ Industrial ☐

Commercial ☐

Provide a detailed description of proposed use of land and/or buildings:

Development Permit Application

100 HUTCHENCE ROAD, EMERALD PARK, SASKATCHEWAN, S4L 1C6 PH: 306-771-2522 FAX: 306-347-2970

5. Site Servicing:

Parcel access provided by:

Grid Road	Highway	Main Farm Access	Other
Water Supply provided by:	Municipal Waterline	Private Well	Other
Sewage Disposal provided by:	Existing (please specify type of system)	Proposed (please specify type of system)	
Drainage provided by:	Existing (please specify)	Proposed (please specify)	

6. Surrounding land uses:

Are any of the following within 0.5 km of the proposed development?	**If yes, please provide best estimate of distance**
Intensive livestock operation **Yes/No**	
Sewage lagoon or wastewater treatment facility **Yes/No**	
Solid waste disposal facility or landfill **Yes/No**	
Stream or large body of water **Yes/No**	
Anhydrous ammonia facility **Yes/No**	
Industrial **Yes/No**	

7. Declaration by Applicant

I/We_____ hereby certify that I/we am/are the registered owner(s) of the lands and that the information given on this form and the site plan is full and complete and is, the best of my/our knowledge, a true statement of the facts relating to this application for development.

_____ _____

Date Signature

_____ _____

Date Signature

I/We, _____ hereby certify that I/we am/are the agent authorized to act on behalf of the registered owner(s) and hereby swear that all statements contained within this application are true, and I/we make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of the Canada Evidence Act.

_____ _____

Date Signature

_____ _____

Date Signature

Receipt #

Letter of Authorization

100 HUTCHENCE ROAD, EMERALD PARK, SASKATCHEWAN, S4L 1C6 PH: 306-771-2522 FAX: 306-347-2970

I, (We) _____ being the owner(s) of

Lot _____ Block _____ Plan _____ Ext _____

Legal:

NW/NE/SE/SW Section _____ Township _____ Range _____ W2 Meridian give

_____ permission to

act on by (our) behalf in applying for a Development Permit for the above subject property.

_____
Signature

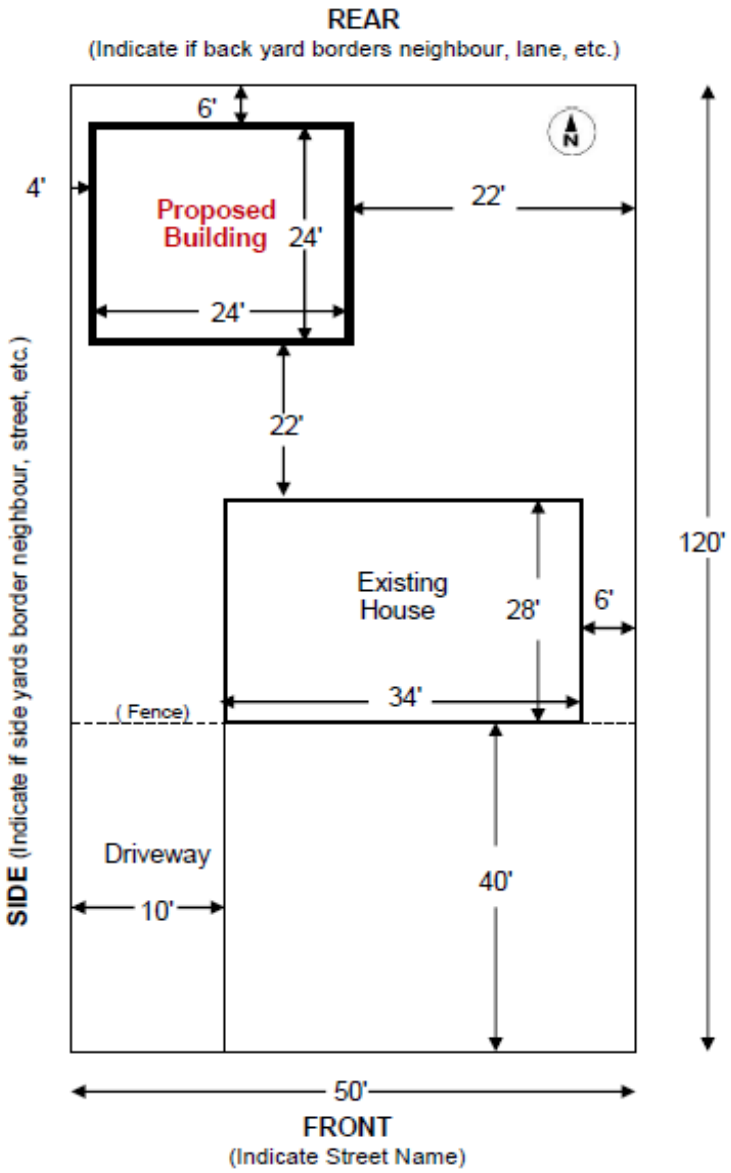
_____
Date

_____
Development Permit #

Professional Building Inspections, Inc.

5 Gregory Avenue East
Box 517 Stn. Main
White City, SK S4L 5B1
Ph: 306-536-1799
Fax: 306-781-2112
Email: office@pro-inspections.ca
Website: www.pro-inspections.ca

Residential – Sample Site Plan



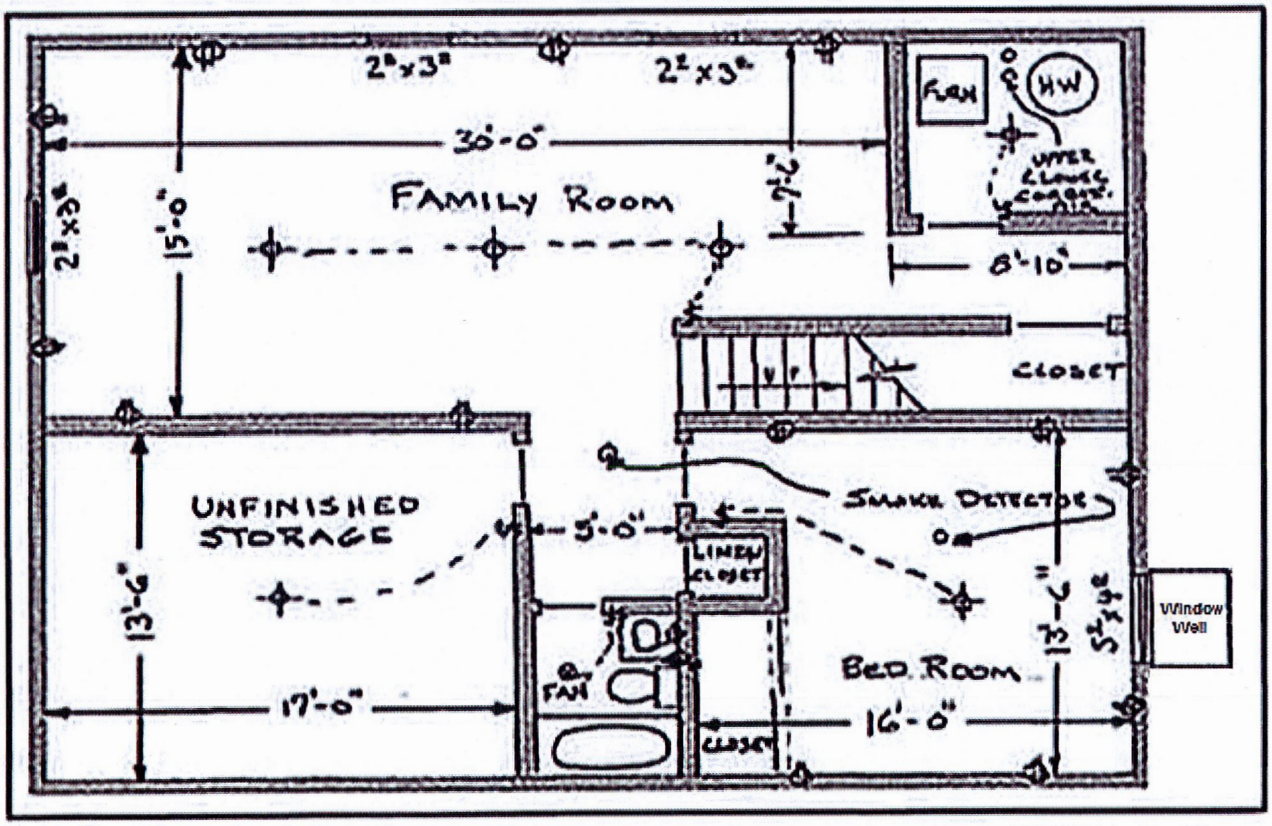
PBI Professional Building Inspections, Inc.

Basement Development - PBI Specifications

(1) Provide a floor plan SKETCH on a separate sheet and note the following:

- ☐ Draw the **perimeter walls** of the basement and note the **total area to be developed** (ft² or m²).
- ☐ Draw the **room layout** (existing and proposed rooms) and show the **location of the stairs** (note width.)
- ☐ Note the **dimensions of all rooms** (indicate ft or m).
- ☐ Label the **intended use of each room** (e.g. Rec Room, Bathroom, Bedroom, Utility, Office, Storage, etc.)
- ☐ Show all **walls, partitions, closets, doorways and windows**.
- ☐ Draw the **door swing direction** on all doorways and note the **door width**.
- ☐ Note the **window sizes** for each basement window and note the **window opening type** in each bedroom.
- ☐ If applicable, show the **proposed fireplace location and type** (i.e. natural gas, wood burning, electric, etc.)
- ☐ Using symbols, note the locations of **smoke alarms (⊙)** and **CO alarms (Θ)** (combine symbols for combination units.)
- ☐ For **bathrooms**, show the locations of **fixtures** (sink, toilet, tub) and **exhaust fan**.
- ☐ For **kitchenettes**, note the location of **cabinets, counters, sinks, and appliances, including cooktops**.
- ☐ For **secondary suites**, please submit architectural drawings prepared by an experienced designer, as NBC requirements are significantly different for secondary suites than basement developments.

Sample Floor Plan



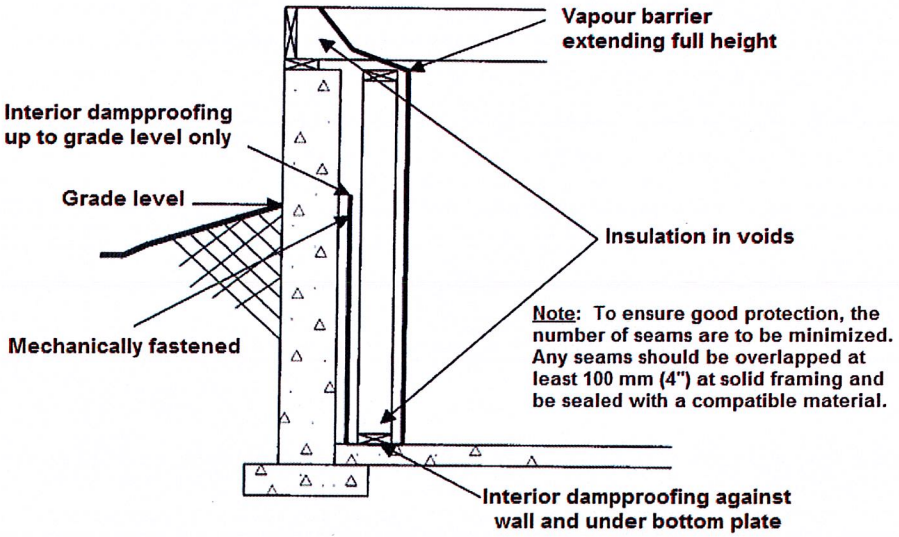
☐ **Answer all questions on page 2 and submit with your floor plan.**
Please contact PBI at (306) 536-1799 if you have any questions.

PBI Professional Building Inspections, Inc.

Owner Name: _____ Municipality: _____

Owner: (Cell) (306) _____ (H) (306) _____ Jobsite Address: _____

Foundation Wall
Vapour Barrier & Interior Dampproofing



(2) Complete the information below regarding the proposed development:

Total Area Being Developed (indicate ft² or m²): _____

Foundation Perimeter Walls Are Currently:
☐ Exposed ☐ Framed ☐ Insulated
☐ Vapour Barrier ☐ Sheathed ☐ _____

Protection from Dampness:
☐ PT Bottom Plate ☐ Poly / Sill Gasket ☐ _____

Bedroom/Sleeping Room Window Types:
☐ Casement ☐ Awning-Inswing ☐ Awning-Outswing
☐ Slider ☐ _____

Bedroom Window Sizes: (Note below as W" x H")
1 _____ 2 _____ 3 _____

Bedroom Window Unobstructed Opening:
1 _____ 2 _____ 3 _____
(Openable portion must not be less than 0.35m² (3.8 ft²) in area, with no dimension less than 380mm (15"), and must have 760mm (30") minimum clearance space in the window well when window is in the open position.)

Door Sizes (W" x H") **and Quantity** (note below)
☐ 24" x 78" (min-bathroom) # _____
☐ 30" x 78" (min-bedroom) # _____
☐ 32" x 78" (min- furnace room) # _____

Secondary Suite Proposed?
☐ No ☐ Yes
(If Yes, please provide a floor plan prepared by an experienced designer.)

Stairs Protected By:
☐ Wall ☐ Guards-36" H ☐ _____

Proposed Ceiling Type:
☐ Suspended ☐ Gyproc ☐ _____

Proposed Ceiling Height: (NBC minimum noted)
☐ 2.1m (6'-11") ☐ _____

Fireplace:
☐ None ☐ Natural Gas ☐ Electric
☐ Wood Burning (stove or insert) ☐ _____
(Submit manufacturer's installation specifications with application)

Smoke Alarm Installed In:
☐ Bedroom(s) ☐ Hallway ☐ Common Area

Carbon Monoxide (CO) Alarms Installed:
☐ In Bedroom(s) ☐ Within 16' of each bedroom door

Proposed Bathroom:
☐ None ☐ 2 piece ☐ 3 or 4 piece

Bathroom Fan Exhausts To:
☐ Outdoors ☐ House Ventilation System (HRV)

Kitchen Fan Exhausts To:
☐ Outdoors ☐ House Ventilation System (HRV)

Professional Building Inspections, Inc.

Box 517 Stn. Main
White City, SK S4L5B1
Ph: 306-536-1799
Fax: 306-781-2112

Airtightness Certificate

Complete this form when the chosen energy efficiency design compliance path requires a verified post construction airtightness test:

- **Tiered prescriptive achieves points through Table 9.36.8.8., or**
- **Tiered performance has an air-leakage rate of less than 3.2 ACH@50 Pa.**

Building Address: _____

Legal Address: Lot: _____ Block: _____ Plan: _____ Subdivision: _____

Permit Application Number: _____

Conditioned Space Volume (m^3): _____

Airtightness Declaration:

Input parameters:	**Reference Value**	**Proposed Value**	**Actual**
Airtightness (air changes per hour @ 50 Pa)			
Airtightness Design Units (circle one)	☐ ACH_{50}	☐ NLA_{10}	☐ NLR_{50}
Zone Method (circle one)	☐ Guarded	☐ Unguarded	
Airtightness performer information:			
Name:	Company:		
Phone:	Email:		

I certify that I am knowledgeable, experienced and trained in the airtightness testing equipment and methodology. Testing has been completed in accordance with CAN/CGSB-149.10-M and meets or exceeds the expected results of the proposed model or design.

Signature: _____ Date: _____

Completed certificates must be submitted to office@pro-inspections.ca prior to Insulation and Vapour Barrier inspection.

Tiered Performance Compliance

Section 9.36 of the National Building Code of Canada

This form is intended to clarify the compliance with Section 9.36, Tier 2 performance path.

Must be completed by a competent person who is knowledgeable, experienced and trained in building design under Section 9.36 of the NBC and acceptable to the Authority Having Jurisdiction.

Address	
Occupancy Class	
Conditioned Space Volume (m^3)	

Performance Compliance Path 9.36.5. & 9.36.7.

Available only to houses with or without secondary suites, buildings that contain only dwelling units and common spaces whose total floor area does not exceed 20% of the total floor area of the building.

Input parameters (not required for EnerGuide compliance)		**Reference Model**	**Proposed Model**
Airtightness Level (air exchanges per hour @ 50 Pa)			
Heat Loss/Heat Gain			
HRV efficiency			
Thermal mass (MJ/m^2•°C)			
Ventilation rate (l/s)			
Fenestration and door to wall ratio (FDWR) – reference (%)			
Direction of front elevation (clearly circle one)		N NE E SE S SW W NW	N NE E SE S SW W NW
Area of windows and doors	Front elevation (m^2)		
	Rear elevation (m^2)		
	Left elevation (m^2)		
	Right elevation (m^2)		
	Total area of windows (m^2)		
	Total area of opaque doors (m^2)		
Energy use (GJ)			

Software Information			
Software title		**Version**	
Is software Hot2000 or ANSI/ASHRAE 140 compliant? Modelling summary reports generated for both the reference and proposed houses are required to be attached.		☐ Yes / No	

Proposed House - Building Assembly Details:				
	Framing	**Insulation**	**Furnace Size:**	
Ceiling:	" o.c.	R -	**Furnace Rating:**	
Exterior Wall:	2" x @ " o.c.	R -	**Water Heater:**	
Tall Wall:	2" x @ " o.c.	R -	**HRV:**	☐ Yes ☐ No
Foundation Wall:	2" x @ " o.c.	R -	**Air Conditioner:**	
Floor Headers:		R -	**Air Barrier (NBC):**	
Cantilever/Bonus Rm:	2" x @ " o.c.	R -	**Attic Hatch:**	
Slab:	☐ None ☐ Int ☐ Ext / (1.2m)	thick -	**Doors (U-Values):**	
Cladding Type:			**Windows:** (List all U-Values)	
Comments:				

Professional Building Inspections, Inc.

TIERED PRESCRIPTIVE COMPLIANCE

Section 9.36 of the National Building Code of Canada

This form is intended to clarify the compliance with Section 9.36, Tier 2 prescriptive path.

Must be completed by a competent person who is knowledgeable, experienced and trained in building design under Section 9.36 of the NBC and acceptable to the Authority Having Jurisdiction.

Address	
Occupancy Class	
Conditioned Space Volume (m^3)	

Prescriptive Compliance Path (9.36.2. – 9.36.4.)

All calculations and specifications must be attached to this form to be considered complete and be accepted for review.

Conversions:	
R = 5.678 x RSI	**U = 1 / RSI**

HRV / ERV: Yes ☐ No ☐ **F280 Heat Gain/Loss Report must be Attached**

Effective Thermal Resistance of Above Ground Opaque Building Assemblies (RSI)			
Assembly	**w/ HRV**	**w/o HRV**	**Proposed**
Ceilings below attics	8.67	10.43	
Cathedral / Flat roofs	5.02	5.02	
Walls & Rim joists	2.97	3.08	
Floors over unheated spaces	5.02		
Floors within garage	4.86		
Thermal Characteristics of Fenestration, Doors and Skylights (U)			
Assembly	**Efficiency**		**Proposed**
Windows & Doors	Maximum U-Value 1.61 or Minimum Energy Rating ≥ 25		
One door exception	Maximum U-Value 2.60		
Attic hatch	Minimum RSI_{nom} 2.60		
Skylights	Maximum U-Value 2.75		
Effective Thermal Resistance of Below-Grade or In-Contact-With-Ground Opaque Buildings Assemblies (RSI)			
Assembly	**w/ HRV**	**w/o HRV**	**Proposed**
Foundation Walls	2.98	3.46	
Slab On Grade With Integral Footing	2.84	3.72	
Unheated Floor Below Frost Line	uninsulated	uninsulated	
Unheated Floor Above Frost Line	1.96	1.96	
Heated Floors	2.84	2.84	

Trade Off (9.36.2.11.):

☐ Yes ☐ No

Should trade off be proposed, all calculations must be attached to this form to be considered complete and be accepted for review. The location and extent of assemblies used in the calculations shall be clearly identified on the drawings by hatch or note.

HVAC Equipment Performance Requirements				
Equipment	**Capacity KW**	**Standard**	**Min. Efficiency**	**Proposed**
Electric Heat Pump (split & single package)	≥ 19	See Tables 5.2.12.1.-A to -P of Division B of the NECB		
Gas Fired Furnace w or w/o A/C	≤ 66 using single-phase electric current	CAN/CSA-P.2	AFUE ≥ 95% and must be equipped with a high-efficiency constant torque or constant airflow fan motor	
	≤ 66, through the wall furnace		E_t ≥ 78.5% AFUE ≥ 90%	
	≤ 66 using three-phase electric current	ANSI Z21.47/CSA 2.3	AFUE ≥ 78% or E_t ≥ 80%	
	> 66 and ≤ 117.23		E_t ≥ 80%	
Electric Boiler	< 88	(1)		
Gas Fired Boiler	< 88	CAN/SCA-P.2	AFUE ≥ 90%	
	≥ 88 & < 733	ANSI/AHRI 1500 or DOE 10 CFR, Part 431, Subpart E, Appendix A	E_t ≥ 83%	
Other				
Heat Loss/Heat Gain Calculation	☐ Calculations were prepared in conformance with CSA F280-12			_____ BTU
Nomenclature	**AFUE**= annual fuel utilization efficiency, **E_t**= thermal efficiency			

Water Heaters Performance Requirements				
Equipment	**Capacity KW**	**Standard**	**Min. Efficiency**	**Proposed**
Tank Storage Electric	≤ 12 kW (>50 L to ≤ 270 L capacity)	CAN/CSA-C191	SL ≤ 35 + 0.20V (top inlet)	
			SL ≤ 40 + 0.20V (bottom inlet)	
	≤ 12 kW (>270 L to ≤ 454 L capacity)		SL ≤ (0.472V) - 38.5 (top inlet)	
			SL ≤ (0.472V) - 33.5 (bottom inlet)	
	>12 kW	ANSI Z21.10.3/CSA 4.3 or DOE 10 CFR, Part 431, Subpart G App B	SL≤ 0.30 + (102.2 V_s)	
Tank Storage Gas Fired	≤ 22 kW and first-hour rating < 68 L	CAN/CSA-P.3	UEF ≥ 0.3456 – (0.00053 V_s)	
	≤ 22 kW and first-hour rating ≥ 68 L but < 193 L		UEF ≥ 0.5982 – (0.00050 V_s)	
	≤ 22 kW and first-hour rating ≥ 193 L but < 284 L		UEF ≥ 0.6483 – (0.00045 V_s)	
	≤ 22 kW and first-hour rating ≥ 284 L		UEF ≥ 0.6920 – (0.00034 V_s)	
	> 22 kW but ≤ 30.5kW and V_r ≤ 454 L		UEF ≥ 0.8107 – (0.00021 V_s)	
	> 22 kW	DOE 10 CFR, Part 431, Subpart G, Appendix A	E_t ≥ 90% and SL ≤ 0.84 [(1.25 Q) + (16.57 $\sqrt{V_r}$)]	

Tankless Gas Fired	< 58.56 kW, $V_r \leq$ 7.6 L and max. flow rate < 6.4 L/min	CAN/CSA-P.3	UEF ≥ 0.86	
	< 58.56 kW, $V_r \leq$ 7.6 L and max. flow rate ≥ 6.4 L/min		UEF ≥ 0.87	
	≥ 58.56 kW, $V_r \leq$ 37.85 L and input rate to V_r ratio ≥ 309 W/L	DOE 10 CFR, Part 431, Subpart G, Appendix C	$E_t \geq$ 94%	
Tankless, Electric	No standard addresses the performance efficiency; however, their efficiency typically approaches 100%			
Other				
Nomenclature	**EF** = energy factor **Q** = nameplate input rate, in kW **V_r** = rated nominal storage volume, in L		**E_t** = thermal efficiency with a 38.9°C (70°F) water temp difference **SL** = standby loss, in W **V_s** = measured storage volume, in L	

(1) Must be equipped with automatic water temperature control. No standard addresses the performance efficiency; however their efficiency typically approaches 100%

Proposed House - Building Assembly Details:				
	Framing	**Insulation**	**Furnace Size:**	
Ceiling:	" o.c.	R -	**Furnace Rating:**	
Exterior Wall:	2" x @ " o.c.	R -	**Water Heater:**	
Tall Wall:	2" x @ " o.c.	R -	**HRV:**	☐ Yes ☐ No
Foundation Wall:	2" x @ " o.c.	R -	**Air Conditioner:**	
Floor Headers:		R -	**Air Barrier (NBC):**	
Cantilever/Bonus Rm:	2" x @ " o.c.	R -	**Attic Hatch:**	
Slab:	☐ None ☐ Int ☐ Ext / (1.2m)	thick -	**Doors (U-Values):**	
Cladding Type:			**Windows:** (List all U-Values)	
Comments:				

Compliance via Tiered Prescriptive Results (9.36.8.)

This option applies only to buildings of residential occupancy to which Part 9 applies.

Energy Performance Measures	Minimum Energy Conservation Points (Zone 7a)
Above-Ground Walls	
Fenestration and Doors	
Below-Grade or In Contact with Ground	
Airtightness	
Ventilation Systems	
Service Water Heating Equipment	
Building Volume	
Total Energy Conservation Points Achieved: (Tier 2 requires at least 10 points)	

Where points are achieved through Table 9.36.8.8., an airtightness test is required to be conducted. Provide the Airtightness Certificate to office@pro-inspections.ca once complete but required prior to Occupancy inspection.

Tiered Performance Compliance

Section 9.36 of the National Building Code of Canada

Compliance via Tiered Performance Results (9.36.7.)

Energy Performance Metrics (not Required for Energuide Compliance)	**Reference Model**	**Proposed Model**	**Target Energy Performance**
Total volume of conditioned space within the building or house > 300m³ and where volume is not determined			
Percent heat loss reduction (Required: ≥ 5%) (calculated by subtracting the annual gross space heat loss of the proposed house from the annual gross space heat loss of the reference house and dividing the result by annual gross space heat loss of the reference house)			Achieved:
Percent improvement (Required: ≥ 10%) (calculated by subtracting the annual energy consumption of the proposed house from the house energy target of the reference house and diving the result by the house energy target of the reference house), *or*			Achieved: or
Percent house energy target (Required: ≤ 90%) (calculated by dividing the annual energy consumption of the proposed house by the house energy target of the reference house)			Achieved:
Peak cooling load (≤ reference house)			☐ Yes ☐ No
Total volume of conditioned space within the building or house ≤ 300m³ and where volume is not determined			
Percent house energy target (Required: ≤ 100%) (calculated by dividing the annual energy consumption of the proposed house by the house energy target of the reference house)			Achieved:

Declaration			
Name		**Company**	
Email		**Phone**	

I hereby certify that the design parameters and/or calculations submitted were prepared in full accordance with the operation procedures of the software and:

- ☐ *Subsection 9.36.5 of the 2020 NBC.*
- ☐ *Alternative Solution (attach supporting documents)*
- ☐ *EnerGuide Rating System, v15. I am a qualified Energy Advisor and the submitted design achieves the minimum 10% annual energy improvement target of 2020 NBC, Tier 2. (a compliance summary will be submitted prior to full occupancy)*

Signature: _____ *Date:* _____

Where the air-leakage rate is a value less than 3.2 ACH@50 Pa, an airtightness test is required to be conducted. Provide the Airtightness Certificate to Office@pro-inspections.ca once complete (required prior to Occupancy inspection).

Third Party Costs Acceptance Form

I, _____ of _____
(please print name) (city, province)

do hereby authorize the Rural Municipality of Edenwold No. 158 to invoice third party costs to me in accordance with the Planning Fees Services Bylaw, which states that the Applicant shall be solely responsible for all of the costs associated with:

1. Fulfilling public notification requirements, including the cost of advertising and notifying stakeholders;
2. Engagement of required planning, engineering, legal, or other professional expertise necessary to review an application and/or implement Council's decision, including the cost of preparing agreements;
3. The cost per parcel to view land titles and plans of subdivision of the property proposed for development, amendment, or subdivision; and
4. Registration of an interest on the title of the property proposed for development, amendment, or subdivision as prescribed by the Information Services Corporation (Land Titles).

The information on this form is being collected under the authority of Section 27(a) of the *Local Authority Freedom of Information and Protection of Privacy Act* and will be used solely for the purpose of invoicing costs to the Applicant regarding their application.

_____ _____
Applicant Signature Date