

Part B. DEPRESSURIZATION PROTECTION

Check option used: Fuel burning equipment (complete schedules below) No fuel burning equipment

Instructions:

Step 1: Complete the Combustion Equipment Schedule below. Only equipment with a Y (Yes) may be selected under the "Category 1" alternate.

Step 2: Complete Exhaust/Make-up Air Schedule on the right if direct or power vented or solid fuel atmospheric vent space heating equipment is selected.

EXHAUST/MAKE-UP AIR SCHEDULE*	
Exhaust devices over 300 cfm	Flow
	cfm
	cfm
	cfm

COMBUSTION EQUIPMENT SCHEDULE (check all types proposed)					
Space heating-nonsolid fuel	<input type="checkbox"/> Sealed combustion	Y	Hearth-nonsolid fuel	<input type="checkbox"/> Sealed combustion	Y
	<input type="checkbox"/> Direct or power vented	Y*		<input type="checkbox"/> Direct or power vented	Y
	<input type="checkbox"/> Atmospherically vented	N		<input type="checkbox"/> Atmospherically vented	N
Water heating-nonsolid fuel	<input type="checkbox"/> Sealed combustion	Y	Space heating-solid fuel	<input type="checkbox"/> Atmospherically vented	Y*
	<input type="checkbox"/> Direct or power vented	Y	Water heating-solid fuel	<input type="checkbox"/> Atmospherically vented	Y
	<input type="checkbox"/> Atmospherically vented	N	Hearth-solid fuel	<input type="checkbox"/> Atmospherically vented	Y

* If atmospherically vented solid fuel or direct or power vented nonsolid fuel space heating is installed, then make-up air to match flow is required for each individual exhaust device which exceeds 300 cubic feet per minute.

Part C1. VENTILATION

VENTILATION QUANTITY	
(Mechanical ventilation must be provided per the larger quantity calculated below)	
<input type="text"/> cubic feet x 0.00583/minute = <input type="text"/> cfm volume of habitable rooms	(<input type="text"/> x 15 cfm/bedroom + 15 cfm = <input type="text"/> cfm number of bedrooms)

VENTILATION FAN SCHEDULE							
Check method (s) proposed →		<input type="checkbox"/> Exhaust only		<input type="checkbox"/> Balanced (heat recovery ventilator, air exchanger, etc.)			
Fan description or location →							TOTALS
VENTILATION	Intake	cfm	cfm	cfm	cfm	cfm	cfm
AS DESIGNED	Exhaust	cfm	cfm	cfm	cfm	cfm	cfm

Statement of Compliance: The proposed building design represented in these documents is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the requirements of the Minnesota Energy Code.

Applicant (print name) _____ Signature _____ Date _____ Telephone number _____

Part C2. VENTILATION (Submit Part C2 upon completion of system verification *)

Job Site Address: _____ Permit Number _____

Fan description or location							TOTALS	
MEASURED	Intake	cfm	cfm	cfm	cfm	cfm	cfm	
PERFORMANCE *	Exhaust	cfm	cfm	cfm	cfm	cfm	cfm	

* Ventilation rate must be measured and verified when the performance option is used in lieu of the prescriptive option for the sealing of joints in the building conditioned envelope (from Part A)

Compliance Statement: Installed ventilation system is in compliance with MN Energy Code and is sized to provide the design air flow.

Applicant (print name) _____ Signature _____ Date _____ Telephone number _____