

Mechanical Design Summary – Shell Only

Project description and address: _____

General information:

1. This document **must** be completed and attached to the application submission. When necessary, additional analyses shall be provided and included with the submission.
2. Engineer completing this form, indicate all that apply

1. Building(s) shell responsibility for:

a. Roof drainage control flow	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Oil interceptors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. HVAC: Roof Top Unit(s), furnace, boiler, ventilation assumptions and equipment capacities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Provincial inspections required (gas / boiler)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Fire separations / dampers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Vapour barriers – roof penetrations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Sprinklers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Fire Department connection(s) – location(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Back-flow prevention	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Commercial kitchen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k. Other: _____		

2. Mechanical design assumptions

a. Heat transfer	Ceiling _____	
b. (Heat gain / loss)	Walls _____	
	Floor _____	
	Dew point acceptable	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Air barrier type _____	
	From site: _____	
c. Ventilation:	Use 1 (per ASHRAE 62) _____	Based on _____ occupants
	Use 2 (per ASHRAE 62) _____	Based on _____ occupants
	Use 3 (per ASHRAE 62) _____	Based on _____ occupants
	Additional Uses attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Commercial kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Interlock exhaust / MUA	<input type="checkbox"/> Yes <input type="checkbox"/> No	

f. Fire alarm system interface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Sprinkler System required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire Suppression included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes: Separate pipe size _____ Based on NPFA _____		
h. Plumbing Fixtures (fill in numbers) w.c.: _____ sinks: _____ other: _____		
3. Integration of fire protection and life safety systems (CAN/ULC-S1001)		
Standard for Integrated Systems Testing of Fire Protection and Life Safety Systems		
a. Building subject to CAN/ULC-S1001 standard (3.2.9.1.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Affix seal with signature and date