



## **IECC/IRC VENTILATION (New Homes Only)**

**This form must be submitted with your Manual J&D**

J&D Designer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Site Address: \_\_\_\_\_

- Indicate method of compliance with Whole House Ventilation. (Check all that apply)

Outside Air/Supply       Exhaust

- List Brand, Model Number, CFM/Watt, and Location of **ALL** exhaust fans, including kitchen hoods. List CF/Watt if fan is part of ventilation system.

OSA: [ \_\_\_\_\_ ] CFM/Watt

Kitchen Hood: [ \_\_\_\_\_ ] CFM/Watt

Exhaust Fan – Laundry Room: [ \_\_\_\_\_ ] CFM/Watt

Exhaust Fan – Master Bath: [ \_\_\_\_\_ ] CFM/Watt

Exhaust Fan – Master Water Closet: [ \_\_\_\_\_ ] CFM/Watt

Exhaust Fan – Bathroom #2: [ \_\_\_\_\_ ] CFM/Watt

Exhaust Fan – Bathroom #3: [ \_\_\_\_\_ ] CFM/Watt

Exhaust Fan – Basement Toilet: [ \_\_\_\_\_ ] CFM/Watt

HRV, ERV: [ \_\_\_\_\_ ] CFM/Watt

Inline-Fan: [ \_\_\_\_\_ ] CFM/Watt

Air-handler that is integrated to tested and listed HVAC equipment:

[ \_\_\_\_\_ ] CFM/Watt

Indicate Ventilation Control (check one)

- Indicate method of compliance with Whole House Ventilation. (Check all that apply)

Constant       Intermittent \_\_\_\_\_% per table M1505.4.3(1)

- Specify location of Whole-House Ventilation Manual Override Control Switch: \_\_\_\_\_