



**Building Department  
HVAC Form**

11 Hudson Street, Blind River, Ontario, P0R 1B0

Tel.: (705)356-2251 Fax.: (705)356-7343

For use by the Town of Blind River	
Permit Number:	Roll Number:
Date Received:	57-38-000-

Application submitted to : The Corporation of the Town of Blind River

A. Company Information			
Name			
Address			
Municipality	Postal Code	Province	E-mail
Telephone number	Fax	Cell	

**HRV drain trap shall be full prior to balancing.  
Damper set screws shall be permanently fixed upon balancing HRV unit.**

B. EXHAUST HIGH Airflow Rate:	
Inched Water Column _____	= Cubic Feet per Minute _____

C. SUPPLY HIGH Airflow Rate:	
Inched Water Column _____	= Cubic Feet per Minute _____

Installed by:	HRAI #:
Balanced by:	HRAI #:

For Service Call: