



Air Balancing Report for Principle Ventilation System

This must be completed and submitted to “Rocky View County” office prior to final building inspection.

Building Permit #: _____

Project Address: _____

Type of Instrument Used: _____

Balancing Company: _____

Balancing Techs Name: _____

Date Air Balance Performed: _____

Report Completion Date: _____

Number of Bedrooms: _____

Design CFM as per table 9.32.3.3: _____

Actual Fresh Air Intake CFM ($\pm 10\%$ of design CFM): _____

Duct Size for Fresh Air Intake: _____

Actual Ventilation / Exhaust Air CFM ($\pm 10\%$ of design CFM): _____

Duct Size for Ventilation / Exhaust Air: _____

Note: Air balance will be confirmed by the Building Inspector