

## Confirmation of Ventilation

<b>Business Name</b>	<b>Date of Inspection</b>
<b>Project Address</b>	

### Declaration

I have performed an inspection at this location and have found that the ventilation equipment has been installed and meets the minimum ventilation specifications as per ASHRAE 62.1 - 2001

<b>Occupancy</b>
<b>Number of Occupants Normally</b>
<b>Square Footage</b>
<b>Ventilation Requirements (Show Calculations)</b>
<b>Description of Ventilation Setup</b>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

Any personal information collected on this form is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, utility services, planning & development purposes, and property assessment purposes. Please Note that such information may be made public. If you have any questions about the collection, use, or disclosure of the personal information provided, please contact Information Management at 910 4 Ave S, Lethbridge, AB, T1J 0P6 or by phone at 403-329-7329