

**Name of Practice:**  
**Provide Address and Contact Information:**

**Name of Project:**

**Location:**

**Date:**



<b>Ontario Building Code Data Matrix Part 9 Housing and Small Buildings</b>				<b>Building Code Reference <sup>1</sup></b>
9.00	Building Code Version:	<u>    O. Reg. 332/12    </u>	Last Amendment	<u>    O. Reg. 191/14    </u>
9.01	Project Type:	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Change of use <input type="checkbox"/> Addition and renovation  Description: _____	[A] 1.1.2.	
9.02	Major Occupancy Classification:	Occupancy                      Use _____                      _____ _____                      _____ _____                      _____	9.10.2.	
9.03	Superimposed Major Occupancies:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A  Description: _____	9.10.2.3.    *	
9.04	Building Area (m <sup>2</sup> )	Description:                      Existing                      New                      Total _____                      _____                      _____                      _____ _____                      _____                      _____                      _____ _____                      _____                      _____                      _____ _____                      _____                      _____                      _____ <div style="text-align: right; margin-right: 50px;">Total</div> _____                      _____                      _____                      _____	[A] 1.4.1.2.	
<small>Insert additional lines as needed</small>				

9.05	Gross Area (m <sup>2</sup> )	Description:	Existing	New	Total	[A] 1.4.1.2.
		_____	_____	_____	_____	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
	<i>Insert additional lines as needed</i>	Total	_____	_____	_____	
9.06	Mezzanine Area (m <sup>2</sup> )	Description:	Existing	New	Total	9.10.4.1.
		_____	_____	_____	_____	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
		_____	_____	_____	_____	
	<i>Insert additional lines as needed</i>	Total	_____	_____	_____	
9.07	Building Height	_____ Storeys above grade	_____ (m) Above grade			[A] 1.4.1.2. & 9.10.4.
		_____ Storeys below grade				
9.08	Number of Streets/ Firefighter access	_____ street(s)				9.10.20.
9.09	Sprinkler System	<input type="checkbox"/> Required <input type="checkbox"/> Not Required				9.10.8.2.-4.
		<u>Proposed:</u> <input type="checkbox"/> entire building <input type="checkbox"/> selected compartments				
		<input type="checkbox"/> selected floor areas <input type="checkbox"/> basement				
		<input type="checkbox"/> in lieu of roof rating <input type="checkbox"/> none				
9.10	Fire Alarm System	<input type="checkbox"/> Required <input type="checkbox"/> Not required				9.10.18.
		<u>Proposed:</u> <input type="checkbox"/> Single stage <input type="checkbox"/> Not applicable <input type="checkbox"/> Two stage				
9.11	Water Service/ Supply is Adequate	<input type="checkbox"/> No <input type="checkbox"/> Yes				
9.12	Construction Type:	<u>Restriction:</u> <input type="checkbox"/> Combustible permitted <input type="checkbox"/> Non-combustible required				9.10.6.
		<u>Actual:</u> <input type="checkbox"/> Combustible <input type="checkbox"/> Non-combustible <input type="checkbox"/> Combination				
		<u>Heavy Timber Construction:</u> <input type="checkbox"/> No <input type="checkbox"/> Yes				
9.13	Post-disaster Building	<input type="checkbox"/> No <input type="checkbox"/> Yes				[A] 1.1.2.2.(2)



9.20	Energy Efficiency:	<p>Category:</p> <p>Non-residential Compliance Option: <input type="checkbox"/> SB-10 Prescriptive (Div.4)  <input type="checkbox"/> SB-10 Performance (Div.2)  <input type="checkbox"/> SB-10 Prescriptive (Div.2)</p> <p>Residential Compliance Option: <input type="checkbox"/> SB-12 Prescriptive Compliance Packages  <input type="checkbox"/> SB-12 Performance Compliance  <input type="checkbox"/> SB-12 Other: Energy Star for New Homes  <input type="checkbox"/> EnerGuide for New Houses</p> <p><b>Project Design Conditions:</b></p> <p>Climatic Zone: _____</p> <table border="0"> <thead> <tr> <th data-bbox="483 722 623 747">Fenestration</th> <th data-bbox="761 722 915 831">Gross Above Grade Wall or Roof Area (m<sup>2</sup>)</th> <th data-bbox="954 722 1089 806">Gross Fenestration Area (m<sup>2</sup>)</th> <th data-bbox="1154 722 1295 779">Fenestration Ratio</th> </tr> </thead> <tbody> <tr> <td data-bbox="483 869 646 896">Vertical (W+D)</td> <td data-bbox="761 884 902 896">_____</td> <td data-bbox="954 884 1081 896">_____</td> <td data-bbox="1154 884 1308 896">_____</td> </tr> <tr> <td data-bbox="483 932 586 959">Skylights</td> <td data-bbox="761 940 902 953">_____</td> <td data-bbox="954 940 1081 953">_____</td> <td data-bbox="1154 940 1308 953">_____</td> </tr> </tbody> </table> <p>Space Heating Fuel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity  <input type="checkbox"/> Propane <input type="checkbox"/> Solid fuel <input type="checkbox"/> Earth energy</p> <p>Heating Equipment Efficiency <input type="checkbox"/> ≥90% AFUE <input type="checkbox"/> ≥78% - ≥90% AFUE</p> <p>Other Conditions <input type="checkbox"/> ICF Basement <input type="checkbox"/> ICF Above Grade  <input type="checkbox"/> Walk-out Basement <input type="checkbox"/> Slab-on-Ground  <input type="checkbox"/> Log/Post &amp; Beam <input type="checkbox"/> Blown-in Insulation Above Grade Wall  <input type="checkbox"/> Spray-applied Foam Insulation Above Grade Wall <input type="checkbox"/> Drain Water Heat Recovery Unit Provided</p> <p>Compliance Package _____</p>	Fenestration	Gross Above Grade Wall or Roof Area (m <sup>2</sup> )	Gross Fenestration Area (m <sup>2</sup> )	Fenestration Ratio	Vertical (W+D)	_____	_____	_____	Skylights	_____	_____	_____	12.2.1.
Fenestration	Gross Above Grade Wall or Roof Area (m <sup>2</sup> )	Gross Fenestration Area (m <sup>2</sup> )	Fenestration Ratio												
Vertical (W+D)	_____	_____	_____												
Skylights	_____	_____	_____												
9.21	Notes:														

*Insert additional lines as needed*

1 All references are to Division B of the OBC unless preceded by [A] for Division A and [C] for Division C.