

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

**Name of Project:**

**Location:**

**Date:**



**Ontario Building Code Data Matrix  
Part 11 – Renovation of Existing Building**

**Building  
Code  
Reference <sup>1</sup>**

|       |  |  |                     |                           |                  |                         |
|-------|--|--|---------------------|---------------------------|------------------|-------------------------|
| 11.00 | Building Code Version:                   | <u>  O. Reg. 332/12  </u>  | Last Amendment      | <u>  O. Reg. 191/14  </u> |                  |                         |
| 11.01 | Project Type:                            | <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Addition and renovation<br><input type="checkbox"/> Change of use<br>Description: _____ |                     |                           | [A] 1.1.2.       |                         |
| 11.02 | Major Occupancy Classification:          | Occupancy  | Use                 | _____<br>_____<br>_____   |                  | 3.1.2.1.(1)             |
| 11.03 | Superimposed Major Occupancies:          | <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Description: _____   |                     |                           | 3.2.2.7.         |                         |
| 11.04 | Building Area (m <sup>2</sup> )          | Description:   | Existing            | New                       | Total            | [A] 1.4.1.2.            |
|       |  | _____  | _____               | _____                     | _____            |                         |
|       |  | _____  | _____               | _____                     | _____            |                         |
|       |  | _____  | _____               | _____                     | _____            |                         |
|       |  | _____  | _____               | _____                     | _____            |                         |
|       | <i>Insert additional lines as needed</i> | Total  | _____               | _____                     | _____            |                         |
| 11.05 | Building Height                          | _____  | Storeys above grade | _____                     | (m) Above grade  | [A] 1.4.1.2. & 3.2.1.1. |
|       |  | _____  | Storeys below grade |                           |                  |                         |
| 11.06 | Number of Streets/<br>Firefighter access | _____ street(s)  |                     |                           |                  | 3.2.2.10. & 3.2.5.      |
| 11.07 | Building Size                            | <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> > Large   |                     |                           | T.11.2.1.1.B.-N. |                         |

| 11.08                   | Existing Building Classification: | Change in Major Occupancy: <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable<br>(no change of major occupancy)<br><br>Construction Index: _____<br>Hazard Index: _____<br>Importance Category : <input type="checkbox"/> Low <input type="checkbox"/> Normal<br><input type="checkbox"/> High <input type="checkbox"/> Post-disaster  | 11.2.1.1.<br><br>T 11.2.1.1A<br>T 11.2.1.1B to N<br>4.2.1.(3),<br>5.2.2.1.(2) |                          |                      |                                |                          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |         |       |       |       |       |        |
|-------------------------|-----------------------------------|--|---|--------------------------|----------------------|--------------------------------|--------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-------|-------|-------|-------|--------|
| 11.09                   | Renovation type:                  | <input type="checkbox"/> Basic Renovation <input type="checkbox"/> Extensive Renovation  | 11.3.3.1.<br>11.3.3.2.  |                          |                      |                                |                          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |         |       |       |       |       |        |
| 11.10                   | Occupant Load                     | <table border="1"> <thead> <tr> <th><u>Floor Level/Area</u></th> <th><u>Occupancy Type</u></th> <th><u>Based On</u></th> <th><u>Occupant Load (Persons)</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table><br><i>Insert additional lines as needed</i>  | <u>Floor Level/Area</u>   | <u>Occupancy Type</u>    | <u>Based On</u>      | <u>Occupant Load (Persons)</u> | _____                    | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | 3.1.17. |       |       |       |       |        |
| <u>Floor Level/Area</u> | <u>Occupancy Type</u>             | <u>Based On</u>  | <u>Occupant Load (Persons)</u>  |                          |                      |                                |                          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |         |       |       |       |       |        |
| _____                   | _____                             | _____  | _____   |                          |                      |                                |                          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |         |       |       |       |       |        |
| _____                   | _____                             | _____  | _____   |                          |                      |                                |                          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |         |       |       |       |       |        |
| _____                   | _____                             | _____  | _____   |                          |                      |                                |                          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |         |       |       |       |       |        |
| _____                   | _____                             | _____  | _____   |                          |                      |                                |                          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |         |       |       |       |       |        |
| 11.11                   | Plumbing Fixture Requirements     | Ratio: <u>M/F = 1/1 Except as otherwise noted</u><br><br><table border="1"> <thead> <tr> <th><u>Floor Level/Area</u></th> <th><u>Occupant Load</u></th> <th><u>OBC Reference</u></th> <th><u>Fixtures Required</u></th> <th><u>Fixtures Provided</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table><br><i>Insert additional lines as needed</i> | <u>Floor Level/Area</u>   | <u>Occupant Load</u>     | <u>OBC Reference</u> | <u>Fixtures Required</u>       | <u>Fixtures Provided</u> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____   | _____ | _____ | _____ | _____ | 3.7.4. |
| <u>Floor Level/Area</u> | <u>Occupant Load</u>              | <u>OBC Reference</u>   | <u>Fixtures Required</u>  | <u>Fixtures Provided</u> |                      |                                |                          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |         |       |       |       |       |        |
| _____                   | _____                             | _____  | _____   | _____                    |                      |                                |                          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |         |       |       |       |       |        |
| _____                   | _____                             | _____  | _____   | _____                    |                      |                                |                          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |         |       |       |       |       |        |
| _____                   | _____                             | _____  | _____   | _____                    |                      |                                |                          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |         |       |       |       |       |        |
| _____                   | _____                             | _____  | _____   | _____                    |                      |                                |                          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |         |       |       |       |       |        |
| 11.12                   | Barrier-free Design:              | Yes _____<br>No _____<br><u>Explanation</u> _____  | 11.3.3.2.(2)  |                          |                      |                                |                          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |         |       |       |       |       |        |
| 11.13                   | Reduction in Performance Level:   | Structural: <input type="checkbox"/> No <input type="checkbox"/> Yes<br>By Increase in occupant load: <input type="checkbox"/> No <input type="checkbox"/> Yes<br>By change of major occupancy: <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Plumbing: <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Sewage-systems: <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Extension of combustible construction: <input type="checkbox"/> No <input type="checkbox"/> Yes  | 11.4.2.1.<br>11.4.2.2.<br>11.4.2.3.<br>11.4.2.4.<br>11.4.2.5.<br>11.4.2.6.    |                          |                      |                                |                          |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |         |       |       |       |       |        |

|       |  |   |   |
|-------|--|---|---|
| 11.14 | Compensating Construction:                             | <input type="checkbox"/> No <input type="checkbox"/> Yes _____<br>Structural: <input type="checkbox"/> No <input type="checkbox"/> Yes _____<br>Increase in occupant load: <input type="checkbox"/> No <input type="checkbox"/> Yes _____<br>Change of major occupancy: <input type="checkbox"/> No <input type="checkbox"/> Yes _____<br>Plumbing: <input type="checkbox"/> No <input type="checkbox"/> Yes _____<br>Sewage systems: <input type="checkbox"/> No <input type="checkbox"/> Yes _____<br>Extension of combustible construction: <input type="checkbox"/> No <input type="checkbox"/> Yes _____ | 11.4.3.1,<br>11.4.3.2,<br>11.4.3.3,<br>11.4.3.4,<br>11.4.3.5,<br>11.4.3.6,<br>11.4.3.7. |
| 11.15 | Compliance Alternatives Proposed:                      | <input type="checkbox"/> No <input type="checkbox"/> Yes    List numbers and describe:  | 11.5.1.   |
| 11.16 | Notes:<br><br><i>Insert additional lines as needed</i> |   | 11.5.1.   |

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