

Name of Practice:
Provide Address and Contact Information:

Name of Project:

Location:

Date:



Ontario Building Code Data Matrix Part 3				Building Code Reference ¹		
3.00	Building Code Version:	<u>O. Reg. 332/12</u>	Last Amendment	<u>O. Reg. 191/14</u>		
3.01	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.		
3.02	Major Occupancy Classification:	<u>Occupancy</u> <u>Use</u> _____ _____ _____		3.1.2.1.(1)		
3.03	Superimposed Major Occupancies:	<input type="checkbox"/> No <input type="checkbox"/> Yes Description: _____		3.2.2.7.		
3.04	Building Area (m ²)	<u>Description:</u> _____ _____ _____ _____ <div style="text-align: right;">Total</div>	<u>Existing</u> _____ _____ _____ _____	<u>New</u> _____ _____ _____ _____	<u>Total</u> _____ _____ _____ _____	[A] 1.4.1.2.
	<small><i>Insert additional lines as needed</i></small>					

3.05	Gross Area (m ²)	<u>Description:</u> _____ _____ _____ _____ Total _____	<u>Existing</u>	<u>New</u>	<u>Total</u>	[A] 1.4.1.2.
		<i>Insert additional lines as needed</i>				
3.06	Mezzanine Area (m ²)	<u>Description:</u> _____ _____ _____ _____ Total _____	<u>Existing</u>	<u>New</u>	<u>Total</u>	3.2.1.1.
		<i>Insert additional lines as needed</i>				
3.07	Building Height	_____ Storeys above grade _____ (m) Above grade _____ Storeys below grade				[A] 1.4.1.2. & 3.2.1.1.
3.08	High Building	<input type="checkbox"/> No <input type="checkbox"/> Yes				3.2.6.
3.09	Number of Streets/ Firefighter access	_____ street(s)				3.2.2.10. & 3.2.5.
3.10	Building Classification: (Size and Construction Relative to Occupancy)	3.2.2. _____ Group/Div _____				3.2.2.20. - 83.
3.11	Sprinkler System	<input type="checkbox"/> Required <input type="checkbox"/> Not Required <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				3.2.1.5. & 3.2.2.17.
3.12	Standpipe System	<input type="checkbox"/> Not required <input type="checkbox"/> Required				3.2.9.
3.13	Fire Alarm System	<input type="checkbox"/> Required <input type="checkbox"/> Not required <u>Proposed:</u> <input type="checkbox"/> Single stage <input type="checkbox"/> Two stage <input type="checkbox"/> None				3.2.4.
3.14	Water Service / Supply is Adequate	<input type="checkbox"/> No <input type="checkbox"/> Yes				
3.15	Construction Type:	<u>Restriction:</u> <input type="checkbox"/> Combustible permitted <input type="checkbox"/> Non-combustible required <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				3.2.2.20. - 83. & 3.2.1.4.

3.16	Importance Category:	<input type="checkbox"/> Low <input type="checkbox"/> Low human occupancy <input type="checkbox"/> Post-disaster shelter <input type="checkbox"/> Normal <input type="checkbox"/> High <input type="checkbox"/> Minor storage building <input type="checkbox"/> Explosive or hazardous substances <input type="checkbox"/> Post-disaster	4.1.2.1.(3) & T4.1.2.1.B																																			
3.17	Seismic Hazard Index:	$(I_E F_a S_a (0.2)) = \underline{\hspace{2cm}}$ Seismic design required for Table 4.1.8.18. items 6 to 21: $((I_E F_a S_a (0.2)) \geq 0.35 \text{ or Post-disaster})$ <input type="checkbox"/> No <input type="checkbox"/> Yes	4.1.2.1.(3) 4.1.8.18.(2)																																			
3.18	Occupant Load	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;"><u>Floor Level/Area</u></th> <th style="width:15%;"><u>Occupancy Type</u></th> <th style="width:15%;"><u>Based On</u></th> <th style="width:35%;"><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> <p style="font-size: small; margin-top: 5px;"><i>Insert additional lines as needed</i></p>	<u>Floor Level/Area</u>	<u>Occupancy Type</u>	<u>Based On</u>	<u>Occupant Load (Persons)</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	3.1.17.															
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3.19	Barrier-free Design:	Yes <u>Explanation:</u> _____ No	3.8.																																			
3.20	Hazardous Substances:	Yes <u>Explanation:</u> _____ No	3.3.1.2. & 3.3.1.19.																																			
3.21	Required Fire Resistance Ratings	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"><u>Horizontal Assembly</u></th> <th style="width:10%;"><u>Rating</u></th> <th style="width:15%;"><u>Supporting Assembly (H)</u></th> <th style="width:45%;"><u>Noncombustible in lieu of rating?</u></th> </tr> </thead> <tbody> <tr> <td>Floors over basement</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</td> </tr> <tr> <td>Floors</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</td> </tr> <tr> <td>Mezzanine</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</td> </tr> <tr> <td>Roof</td> <td>_____</td> <td>_____</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A</td> </tr> </tbody> </table>	<u>Horizontal Assembly</u>	<u>Rating</u>	<u>Supporting Assembly (H)</u>	<u>Noncombustible in lieu of rating?</u>	Floors over basement	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Floors	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Mezzanine	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Roof	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	3.2.2.20. - 83. & 3.2.1.4.															
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3.24	Energy Efficiency:	<u>Compliance Path:</u> _____ <u>Climatic Zone:</u> _____																																									
3.25	Notes:																																										

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