

Item	Ontario Building Code Data Matrix Parts 3 & 9							OBC Reference			
1	Project Description:			<input type="checkbox"/> New	<input type="checkbox"/> Part 11	<input type="checkbox"/> Part 3	<input type="checkbox"/> Part 9				
				<input type="checkbox"/> Addition				2.1.1 9.10.1.3			
	<input type="checkbox"/> Change of Use			<input type="checkbox"/> Alteration							
2	Major Occupancy(s)							3.1.2.1.(1)		9.10.2	
3	Building Area (m ²)		Existing _____	New _____	Total	0.00	1.1.3.2		1.1.3.2		
4	Gross Area		Existing _____	New _____	Total	0.00	1.1.3.2		1.1.3.2		
5	Number of Storeys		Above grade _____		Below grade _____		3.2.1.1 & 1.1.3.2		2.1.1.3		
6	Height of Building (m)									2.1.1.3	
7	Number of Streets/Access Routes							3.2.2.10 & 3.2.5.5			
8	Building Classification							3.2.2.20-.83		9.10.4	
9	Sprinkler System Proposed			<input type="checkbox"/> entire building			3.2.2.20-.83		9.10.8		
				<input type="checkbox"/> basement only			3.2.1.5				
				<input type="checkbox"/> in lieu of roof rating			3.2.2.17				
				<input type="checkbox"/> not required							
10	Standpipe required			<input type="checkbox"/> Yes <input type="checkbox"/> No			3.2.9				
11	Fire Alarm required			<input type="checkbox"/> Yes <input type="checkbox"/> No			3.2.4		9.10.7.2		
12	Water Service/Supply is Adequate			<input type="checkbox"/> Yes <input type="checkbox"/> No							
13	High Building			<input type="checkbox"/> Yes <input type="checkbox"/> No			3.2.6				
14	Permitted Construction		<input type="checkbox"/> Combustible		<input type="checkbox"/> Non-combustible		3.2.2.20-.83		9.10.6		
	Actual Construction		<input type="checkbox"/> Combustible		<input type="checkbox"/> Non-combustible						
15	Mezzanine(s) Area m ²							3.2.1.1.(3)-(8)		9.10.4.1	
16	Occupant load based on		<input type="checkbox"/> m ² /person		<input type="checkbox"/> design of building		3.1.1.6		9.9.1.3		
	Basement:		Occupancy _____		Load _____ persons						
	1 st Floor		Occupancy _____		Load _____ persons						
	2 nd Floor		Occupancy _____		Load _____ persons						
	3 rd Floor		Occupancy _____		Load _____ persons						
17	Barrier-free Design			<input type="checkbox"/> Yes <input type="checkbox"/> No (Explain)			3.8		9.5.2		
18	Hazardous Substances			<input type="checkbox"/> Yes <input type="checkbox"/> No			3.3.1.2.(1) & 3.3.1.19(1)		9.10.1.3		
19	Required Fire Resistance Rating (FRR)	Horizontal Assemblies			Listed Design No.			3.2.2.20-.83 & 3.2.1.4		9.10.8	
		FRR (Hours)			or Description (SG-2)					9.10.9	
		Floors _____ Hours									
		Roof _____ Hours									
		Mezzanine _____ Hours									
		FRR of Supporting Members			Listed Design No. Or Description (SG-2)						
		Floors _____ Hours									
Roof _____ Hours											
Mezzanine _____ Hours											
20	Spatial Separation – Construction of Exterior Walls							3.2.3		9.10.14	
	Wall	Area of EBF (m ²)	L.D. (m)	L/H or H/L	Permitted Max. % of Openings	Proposed % of Openings	FRR (Hours)	Listed Design or Description	Comb Const	Comb. Constr. Nonc. Cladding	Non-comb. Constr.
	North										
	South										
	East										
West											
21	Other – Describe										

Ontario Building Code Data Matrix – Part 11 – Renovation of Existing Building			OBC Reference
11.1	Existing Building classification:	Describe Existing Use: _____ Construction Index: _____ Hazard Index: _____ <input type="checkbox"/> Not Applicable (no change of major occupancy)	11.2.1 T 11.2.1.1A T 11.2.1.1B to N
11.2	Alteration to Existing Building is:	Basic Renovation <input type="checkbox"/> Extensive Renovation <input type="checkbox"/>	11.3.3.1 11.3.3.2
11.3	Reduction in Performance Level:	Structural: <input type="checkbox"/> No <input type="checkbox"/> Yes By Increase in occupant load: <input type="checkbox"/> No <input type="checkbox"/> Yes By change of major occupancy: <input type="checkbox"/> No <input type="checkbox"/> Yes Plumbing: <input type="checkbox"/> No <input type="checkbox"/> Yes Sewage-system: <input type="checkbox"/> No <input type="checkbox"/> Yes	11.4.2 11.4.2.1 11.4.2.2 11.4.2.3 11.4.2.4 11.4.2.5
11.4	Compensating Construction:	Structural: <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) _____ Increase in occupant load: <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) _____ Change of major occupancy: <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) _____ Plumbing: <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) _____ Sewage system: <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) _____	11.4.3 11.4.3.2 11.4.3.3 11.4.3.4 11.4.3.5 11.4.3.6
11.5	Compliance Alternatives Proposed:	<input type="checkbox"/> No <input type="checkbox"/> Yes (give number(s)) _____	11.5.1
11.6	Alternative Measures Proposed:	<input type="checkbox"/> No <input type="checkbox"/> Yes (explain) _____	11.5.2