

Name of Practice:
Enter address and contact information here.

Name of Project:
Enter name here.

Location:
Enter address here.

Item	Ontario Building Code Data Matrix Parts 3 or 9			Building Code Reference	
				References are to Division B unless noted [A] for Division A or [C] for Division C.	
1	Project Description:	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Change of Use	<input type="checkbox"/> Part 11 11.1 to 11.4	<input type="checkbox"/> Part 3 1.1.2. [A]	<input type="checkbox"/> Part 9 1.1.2. [A] & 9.10.1.3.
2	Major Occupancy(s)			3.1.2.1.(1)	9.10.2.
3	Building Area (m ²)	Existing _____ New _____ Total _____		1.4.1.2. [A]	1.4.1.2. [A]
4	Gross Area	Existing _____ New _____ Total _____		1.4.1.2. [A]	1.4.1.2. [A]
5	Number of Storeys	Above grade ____ Below grade _____		1.4.1.2. [A]&3.2.1.1.	1.4.1.2[A] & 9.10.4
6	Number of Streets/Fire Fighter Access	_____		3.2.2.10. & 3.2.5.	9.10.20.
7	Building Classification	_____		3.2.2.20.-.83	9.10.2.
8	Sprinkler System Proposed	<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"/> not required		3.2.2.20.-.83 3.2.1.5. 3.2.2.17. INDEX	9.10.8.2. INDEX
9	Standpipe required	<input type="checkbox"/> Yes <input type="checkbox"/> No		3.2.9.	N/A
10	Fire Alarm required	<input type="checkbox"/> Yes <input type="checkbox"/> No		3.2.4.	9.10.18.
11	Water Service/Supply is Adequate	<input type="checkbox"/> Yes <input type="checkbox"/> No		3.2.5.7.	N/A
12	High Building	<input type="checkbox"/> Yes <input type="checkbox"/> No		3.2.6.	N/A
13	Construction Restrictions	<input type="checkbox"/> Combustible permitted <input type="checkbox"/> Non-combustible required <input type="checkbox"/> Both		3.2.2.20.-.83	9.10.6.
14	Mezzanine(s) Area m ²	_____		3.2.1.1.(3)-(8)	9.10.4.1.
15	Occupant load based on	<input type="checkbox"/> m ² /person <input type="checkbox"/> design of building		3.1.17.	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			
	(Additional floor areas continued on last page)				
16	Barrier-free Design	<input type="checkbox"/> Yes <input type="checkbox"/> No (Explain) _____		3.8.	9.5.2.
17	Hazardous Substances	<input type="checkbox"/> Yes <input type="checkbox"/> No		3.3.1.2. & 3.3.1.19.	9.10.1.3.(4)

18	Required Fire Resistance Rating (FRR)	Horizontal Assemblies FRR (Hours)				Listed Design No. or Description (SG-2)				3.2.2.20.-.83 & 3.2.1.4.		9.10.8. 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										
19	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												
20	Plumbing Fixture Requirements										Building Code Reference	
	Male/Female Count @ _____% / _____%, except as noted otherwise										<input type="checkbox"/> Part 3	<input type="checkbox"/> Part 9
	Basement: Occupancy _____						Occupant Load	BC Table Number	Fixtures Required	Fixtures Provided		
	Occupancy _____											
	1 st Floor: Occupancy _____											
	Occupancy _____											
	2 nd Floor: Occupancy _____											
	Occupancy _____											
	3 rd Floor: Occupancy _____											
Occupancy _____												
(Adjust as Required for Additional Floors or Occupancies)												
21	Other (describe) _____											
15 (Occupant Load - Continued)												
_____ Floor	Occupancy _____	Load _____ persons										
_____ Floor	Occupancy _____	Load _____ persons										
_____ Floor	Occupancy _____	Load _____ persons										
_____ Floor	Occupancy _____	Load _____ persons										
_____ Floor	Occupancy _____	Load _____ persons										
_____ Floor	Occupancy _____	Load _____ persons										
_____ Floor	Occupancy _____	Load _____ persons										
_____ Floor	Occupancy _____	Load _____ persons										
_____ Floor	Occupancy _____	Load _____ persons										

19 (Spatial Separation – Construction of Exterior Walls - Continued)									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.

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

**Building Code
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